

## Tilburg University

### Change through exchange

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*Publication date:*  
2020

*Document Version*  
Publisher's PDF, also known as Version of record

[Link to publication in Tilburg University Research Portal](#)

*Citation for published version (APA):*  
Asmoredjo, J. (2020). *Change through exchange: Exploring the role of international exchange in organisational development of care organisations*. [Doctoral Thesis, Tilburg University]. [s.n.].

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# CHANGE THROUGH EXCHANGE

EXPLORING THE ROLE OF INTERNATIONAL EXCHANGE IN  
ORGANISATIONAL DEVELOPMENT OF CARE ORGANISATIONS

Jolanda Asmoredjo



# **Change through exchange**

Exploring the role of international exchange in organisational  
development of care organisations

Jolanda Asmoredjo



**Colofon**

Change through Exchange: Exploring the role of international exchange in organisational development of care organisations - Jolanda Asmoredjo

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Printing: Ridderprint | [www.ridderprint.nl](http://www.ridderprint.nl)

Layout and design: Stijn Eikenaar | [www.persoonlijkproefschrift.nl](http://www.persoonlijkproefschrift.nl)

Cover image: Reinier Asmoredjo

## **Change through exchange**

Exploring the role of international exchange in  
organisational development of care organisations

Proefschrift ter verkrijging van de graad van doctor aan Tilburg University

op gezag van de rector magnificus, prof. dr. W.B.H.J. van de Donk, in het  
openbaar te verdedigen ten overstaan van een door het college voor  
promoties aangewezen commissie in de Aula van de Universiteit

op dinsdag 22 december 2020 om 13.30 uur

door

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geboren te Wageningen

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## Preface

This dissertation describes the effects of international exchange between elderly care organisations on the people involved in the exchange, and the organisations they are a part of. For me, the topic of international exchange in elderly care came to life after interviewing a number of former exchange participants working for the elderly care organisation Stichting Zorgcombinatie Marga Klompé (SZMK) in the autumn of 2013. It was an eye-opener for me to realise how important they considered the work visits they made to Denmark and the United States, which had in some cases taken place over a decade ago. Although having different experiences and personalities, these former participants shared a feeling of gratefulness and privilege to have been selected and given the opportunity to experience an elderly care setting abroad. The experience did not radically change their views on the world or on care, but instead it strengthened already existing, sometimes dormant, ideas they had about what constitutes good and humane elderly care. More importantly, it strengthened their conviction and resolve to pursue these ideas in their work, thereby giving them the tools and incentive to impact their organisation.

The international experiences recounted at “Marga Klompé”, reminded me of how my own experiences abroad and with people born and raised in a completely different national and cultural context, contributed to my personal development, and formed my convictions and focus in life. It reminded me also of my privileged position in the world of academia, where international experience is not only recognised as an added value, but sometimes even a requirement for a job. When Johan van Rixtel, my fellow PhD partner in the Globalisation, Accessibility, Innovation and Care (GAIC) Network research programme, and I were in the process of selecting participants for the upcoming exchange with the Catholic Health Commission of the Archdiocese of Blantyre in Malawi, I was again surprised at how many people working as health care professionals within SZMK were interested in participating. Many of them expressed that they had always wanted to see what it is like to work as a care professional in a completely different, resource-poor setting, but that they simply never had the opportunity. Clearly, interest in, and belief in the merits of, work-related international experiences was not confined to the academic world (or the business world for that matter) only. This realisation was one of many factors that kept me captivated and motivated by this topic for seven years and counting.

In addition to the above, there were a number of other important factors that made the research and writing of this dissertation both possible and enjoyable. First and foremost, my gratitude goes out to Stichting Zorgcombinatie Marga Klompé. The strong belief in the merits of international exchange by its former managing director, Dick Plessius, formed the starting point for the research programme that led to my dissertation. Special thanks go out to Ad Smeets, who has been involved, interested, open-minded,



and very helpful from the start. Ad, it was an honour and pleasure to have travelled together to the unknown (Lilongwe), and I thank you for introducing and welcoming me to what was a largely unknown world for me (de Achterhoek). I greatly appreciate that you made it possible for the Malawi exchange and related activities to go ahead, even though it was at the time, and still is, a very turbulent period for you and SZMK.

Next, I would like to thank the participants of the Malawi-Netherlands exchange. Meeting and sharing the exchange experience with the Dutch and Malawian participants deepened my respect and admiration for care professionals. Your dedication, talent and wisdom will always remain an inspiration to me! Thank you for your openness and trust in allowing me to observe, interview and experience the exchange with you! Aan het Nederlandse team wil ik graag nog zeggen: door de tijd in Malawi met jullie te mogen hebben ervaren, was ik zelf zo druk met leren, verwonderen en bewonderen, dat ik geen tijd had om me zorgen te maken om mijn thuisgebleven baby en zijn kersverse vader. Dit is echt aan jullie enthousiasme, humor, leergierigheid en positieve instelling te danken. Dank ook dat jullie het gedreun van mijn kolfapparaat hebben getolereerd op wat eigenlijk rustige momenten voor jullie hadden moeten zijn!

Of course this book would not be laying in front of you without the help of my supervisors. Prof. dr. Mirjam van Reisen: the trust and confidence you have shown in me gave me the freedom to find my own focus and way of working. Your constructive guidance, and unique ability to always see the large, global, picture with all its linkages and connections, helped me in my search for finding cohesion and the red thread in my research and writing. I'm very grateful for all the feedback and discussions, which helped me make a finished product that I can be proud of. Prof. dr. Sjaak Kroon, with you on board my supervising "team" felt complete. I immediately felt like we were on the same page. Your insightful, practical and goal-oriented approach was invaluable these last years, and helped me tackle this big project step by step.

I would also like to thank my (former and current) colleagues at Tilburg University, Verwey-Jonker Institute, NIVEL and Impuls: our formal and informal talks, and your (approaches to) research inspired, motivated and helped me determine my way during this process. Johan van Rixtel, I owe you a large thank you, as you were the greatest believer and promoter of international exchange from the get go. When I was still searching for direction and how to organise possibilities for conducting fieldwork, you generously took me along and introduced me to interested and interesting parties. Together we set up the interviews at SZMK, and organised and experienced the Malawi-Netherlands exchange. Thank you for all the conversations, teamwork, and good company during all our travelling. Special thanks also to Bouwina Schuttel and Jaap van den Berg, with whom we got to visit the important work with volunteers and elderly care of Suva Nawa, in Gobabis, Namibia.

To my dear friends: thank you all so much for your interest, patience (!), support and motivation during this process. To my UCU-sisters: Dinu, Emi, Kaykay and Marja, you continuously show me how it's possible to combine hard work with being devoted and loving friends, mothers and aunties, and being (as Kaykay used to say in our UC-days) the most beautiful women representing all regions of the world ;). Marja and Emi, you were much needed concrete examples of how to successfully finish a PhD, even during challenging circumstances. Dear Sara and Tebbine, thank you for your ceaseless interest and optimism, and all the (live and long-distance) chat sessions we had on life and work (and the combination thereof). Many thanks also to Babette, Lotte, Marije & Ivo, Bruno & Anique, Martijn & Celine, Thijs, Inu, Imani & Malik, Ju, Hasse & Gloria, Adi & Dia, Arsenie & Rohini, Daniëlle, Ilse & Berend for your support and friendship, and thank you to the master brewers Ivo & Klaas, for providing my boys with hours of distraction, fun and lovely produce (allowing me to put in some extra working hours).

Mijn (schoon)familie wil ik hartelijk bedanken voor hun belangstelling en steun. Aan Feder en Levs lieve grootouders: Mam, Josie, Alfons, zonder die ontelbare oppasdagen was dit boek er echt nooit gekomen! Behalve dat ik fijn kon werken als jullie er waren of als de jongen(s) bij jullie waren, ben ik dankbaar en blij dat de jongens zoveel mochten en mogen genieten van jullie. Veel dank voor alle gezelligheid en flexibiliteit, en jullie grote betrokkenheid! Mam, eindelijk is het dan toch gelukt! Dank voor alle goede zorgen, gesprekken, belletjes, mailtjes en lekkere maaltijden na het oppassen. Lieve pap en Nita, tante Tinie en oma, ook op afstand voelen wij jullie steun en betrokkenheid. Martijn, Linda en Tijmen, Helga en Johan, Loes en Marten, Johan, Marjelle, Sabine en Annick, Elisa en Vincent, Thea, en Wim, bedankt voor jullie interesse en de gezellige familiemomenten samen. Vincent, veel dank ook voor jouw expert opinion bij het ontwerpen van de kaft. Oom Reinier, door jouw schilderijen komen niet alleen onze huizen in (het soms grauwe) Nederland tot leven, maar nu ook mijn proefschrift! Heel veel dank hiervoor!

Finally, Egbert, you're a super hero for taking care of a ten-week-old, working full-time and running from Paris to Rotterdam at the same time (with support from Dinu and Alfons of course), allowing me to go off and conduct fieldwork in good conscience. Thank you for always believing in me, supporting me, and always being there to help me overcome countless little and large (real and imagined) barriers. I'm lucky to enjoy the benefits of your consultancy and counselling talents for free, and even (mostly) out of office hours. Feder en Lev, de eerste jaren van jullie leven te mogen meemaken en van jullie te mogen genieten, terwijl ik met dit grote project bezig was, maakte deze periode extra mooi en bijzonder.

Bilthoven, 21 October 2020,

Jolanda Asmoredjo





# Introduction

## Introduction

Population ageing is one of the most defining issues of our time. Healthcare systems around the world are facing significant challenges as they attempt to respond to the needs of an ageing population (Haseltine, 2018). Organising good, humane elderly care and long-term care is one of the most important healthcare challenges of the current time and will become ever more pressing in the future. Driven by declining fertility and increasing longevity, almost every country in the world is experiencing an increase in the number and proportion of older people in their population (United Nations, 2015). Between 2015 and 2030, the number of people in the world aged 60 years or over is expected to grow by 56%, and is projected to double its size by 2050 (United Nations, 2015). Meanwhile, the number of people over 80 years old is expected to grow even faster, with their number being projected to have tripled in 2050, and their proportion of the world's population increasing from 14 to 20% (United Nations, 2015).

While the challenges associated with an ageing population are already prominent in high income countries, they will also need to be faced by middle and low-income countries. For example, in the EU, due to ageing of the baby boom generation coupled with low birth rates, the challenges of an ageing population are especially apparent and at the forefront of public debate. Due to the much higher birth rates in Africa, the share of older people is currently still relatively low. However, the number of older persons in Africa is expected to grow as much as 64% over the next 15 years (United Nations, 2015).

With increasing age, the need for care increases. Increasing numbers of people requiring care, often due to chronic illnesses, are placing a growing burden on health systems worldwide (Haseltine, 2018). All countries will need to reconsider such important aspects as their healthcare systems and methods of delivering care, and those involved in healthcare and social care must be able to continuously learn and adapt their services (Haseltine, 2018). The context of ageing calls for innovative solutions to adapt current ways of organising and delivering care, and requires an environment that enables and allows for such changes in care to take place. The importance of the role of (elderly) care organisations and care professionals in society, and the need to be able to respond to quickly changing situations and demands has recently been highlighted, as the COVID-19 pandemic is unfolding.

In this study I explore the effect of international exchange between care organisations as a means to stimulate change within these organisations. A variety of individual benefits resulting from educational travels of students and international work visits and placements of professionals are reported in the academic literature, in terms of skills development on a personal and a professional level. These include individual developments such as an increase in flexibility, independence and self-awareness



(e.g. Van 't Klooster, 2014). However, hardly any literature mentions effects on an organisational level, or attempts to explain such effects. This study was set up to explore and explain organisational change through exchange in the elderly and community-based care sector for the first time. The main aim was to explore whether the transformational potential could also be found when the exchange involved health professionals, and whether there would also be effects on a higher, organisational, level.

In this study I explore this topic through literature study, and through conducting a multiple-case study. In this multiple-case study I retrospectively analyse the effects of previous international work visit experiences of a Dutch elderly care organisation, and study the entire process of change as a result of international exchange through the study of an international organisational exchange between the same Dutch elderly care organisation and a Malawian organisation involved in community-based care. As a case study allows the researcher to get a thorough understanding of the context of the subject under study and the processes at work it is the perfect method to explore this topic.

In this introductory chapter I will first introduce the research topic, and briefly discuss the most important findings concerning the merits of exchange, the knowledge gaps in literature this study aims to fill, as well as the relevance of the research. I will then present the research questions and theoretical framework I used to answer these. I will then briefly describe the research philosophy behind the research, give a short description of the research design and methods, and discuss the role of the researcher in the process as well as the ethical considerations. Lastly, I will introduce the structure of the book and provide a list of key terms and acronyms used.

## 1.1 Research topic

In 2012, the Dutch elderly care organisation Stichting Zorgcombinatie Marga Klompé (SZMK) asked Tilburg University to cooperate in a study on care in the context of international developments in ageing and migration. The international development organisation Cordaid also expressed its interest in cooperating in this research, which led to a joint research programme on international exchanges in care. It was decided that at least one international exchange between SZMK and an African care organisation would be organised, and that this would form the basis of academic research into its merits. The initial purpose of that research programme was to use international exchange with an African care organisation as a test-case for possible circular migration programmes, in order to explore whether such programmes could help reduce predicted internal shortages of healthcare labour in the Netherlands as well as strengthen and develop local care structures in Africa. However, when I joined the research programme in

2013, this initial motivation no longer fitted the current climate, as major care reforms initiated by the Dutch government forced elderly care organisations to make great, fundamental changes to their internal structure and approach.

The legislative changes, which were already anticipated by SZMK in 2013, temporarily led to a decline, rather than an increase in demand for new care employees at SZMK. Not surprisingly, these changes had a large influence on the focus of all SZMK's employees, including its managers and directors. One year after the start of the research, the future need for immigration of care personnel was not only far from people's minds, it actually went against the current, more urgent, needs within SZMK. This also had its effect on the focus of the research, which was already committed to organising and studying the merits of an international exchange.

In order to establish a main research problem that was not only relevant in theory, but also perceived to be relevant for the organisation that provided the context of the study, I first conducted an exploratory study at SZMK. Through close collaboration and interviews with key figures in SZMK, I found out that the largest perceived current problem within the organisation indeed had to do with the sudden and drastic changes in society that led to the necessity of SZMK changing its way of working, and thereby its internal culture. In other words, SZMK's managers were most preoccupied with the question how to create a culture change within their organisation. The exploratory study also showed that SZMK had valuable past experiences with international exchange, showing their belief in its merits for their organisation. These international experiences had already led to important organisational and cultural changes within the organisation. Given the centrality of the theme of culture change at the time of the onset of the research at SZMK, and the previous positive experiences with international exchange facilitating organisational change within the organisation, I decided that the main aim of the research would be to investigate the role of international exchange in organisational change, and to explore the conditions and processes through which this could occur. The rapidly changing care context in the Netherlands provided an especially interesting research setting, as an international exchange could offer possibilities to create a more open atmosphere where new initiatives can develop and change is welcomed rather than mistrusted, thereby stimulating organisational change.

## 1.2 Knowledge gaps

In the literature on possible effects of international exchange, the subjects of study are mostly students who went abroad as a part of their study trajectory or vocational training, and to a lesser extent professionals visiting and/or working in a comparable professional context in another country (e.g. Van 't Klooster, 2014). The literature presents mostly self-reported motives, experiences and outcomes of international

exchange. Reported motives for organising international exchange programmes include both individual level development of participants, such as personal and professional growth, as well as higher level goals, such as departmental or institutional quality improvement. Reported motives for participating in such programmes are mostly personal and professional development.

A range of personal and professional level effects of international exchange are reported in the literature. Examples include increases in flexibility, independence, self-awareness, self-confidence, initiative, open-mindedness, interpersonal skills and even an increase in mental resilience (e.g. Van 't Klooster, 2014; Hutchings & Smart, 2007; Kruse, 2015; Hausegger, 2015). Examples of professional level development as a result of international exchange include improved self-efficacy, communication skills, a deeper reflection on practice, as well as a re-energising of passion, motivation and appreciation for participants' jobs (Van 't Klooster, 2014; Hutchings & Smart, 2007). From the literature on international exchange in the (health)care sector examples of professional development include professionally relevant experience, a broader medical knowledge, better physical examination skills, a restoration of participants' idealism and a better idea about the desired practice in the own context (Alexander et al., 2013; Drain et al., 2009; Shieh, 2003). Literature on international exchange in the social work sector found that international experiences broadened participants' careers, changed the way they worked, and allowed for professional growth through reflection on their work and the essence of social work (Holmström, 2015). Furthermore, it inspired participants in their work, increased their ability to take professional action and increased their motivation for continuing their education and development (Kruse, 2015; Wisbar, 2015). When asked about their international exchange experience, participants universally reported that it had been very important in their professional development and often helped further their careers (Hutchings & Smart, 2007; Kruse, 2015).

Many studies particularly mention the development of cultural competencies as an important positive effect of international exchange. The development of cultural competencies is especially valued in (health)care professions, as it is deemed an important and necessary professional skill in an increasingly culturally diverse context. Reported developments in cultural competencies include attitude changes, improved relationship skills, foreign language abilities, global and cultural awareness, increased tolerance, cultural experience, and an international orientation (Van 't Klooster, 2014; Coskun, 2016; Ten Cate et al., 2014; Pryor, 1992). Studies on the outcomes of international exchanges for health workers also reported such developments as learning about different health systems and one's own profession from a global perspective (Coskun, 2016; Koskinen et al., 2010; Shieh, 2003).

A number of noticeable gaps in knowledge on exchange effects exist. Firstly, hardly any studies specifically look at or attempt to explain effects of international exchange on a

higher level than the individual level. Secondly, although the studies on international exchange use the term “international exchange”, they in fact only look at effects of individuals going abroad. Almost no studies look at experiences and effects of hosting visitors in the own context. Thirdly, many studies lack a principle of equality between visitors and hosts, and thereby lack the expectation of mutual learning. Instead, they imply that one organisation is more “advanced” than the other, and that the less advanced can only learn from the more advanced. Fourthly, while there is some literature on the effects of exchanges in the healthcare and social work sector, no previous literature on international exchanges in the elderly care sector or community-based care sector was found.

A final, more fundamental, criticism of the literature is that few studies provide a clear conceptual framework for the developments taking place as a result of the exchange experience (Jacobs, Stegmann, & Siebeck, 2014). The few examples of studies that do use a specific theoretical framework to design or evaluate international exchange programmes, only use individual learning theories. For example, a number of studies use experiential learning theory, as the international exchange experience offers many opportunities for experiential learning (Cronin, 2015; Kirkpatrick & Brown, 1999; Van 't Klooster, 2014; Arif, Dilich, Ramel, & Strong, 2014). As these theoretical frameworks are designed to explain change on an individual level only, they are insufficient when the object of study also includes development on a higher level.

This study aims to fill the gaps in knowledge regarding the possibilities of employing international exchange to stimulate organisational change in the care sector, where adaptability and innovation is currently much needed. The study will, first of all, aim to add to the current body of knowledge by providing a theoretical framework for understanding the influence of international exchange as a potential initiator of change on both an individual and an organisational level. Secondly, it will aim to show how the process of change through exchange functions. While these two aims are directed towards a theoretical contribution, the study also aims to show other organisations, both within and outside the care sector, the possibilities for organisational change that international exchange can offer. It will endeavour to do this by offering a recognisable image of favourable change conditions, including specific features of an international exchange that may be replicated.

In chapter 2 I will review and discuss the relevant literature on international exchange, organisational and policy change, including important knowledge gaps, in more detail.

### 1.3 Relevance of the research

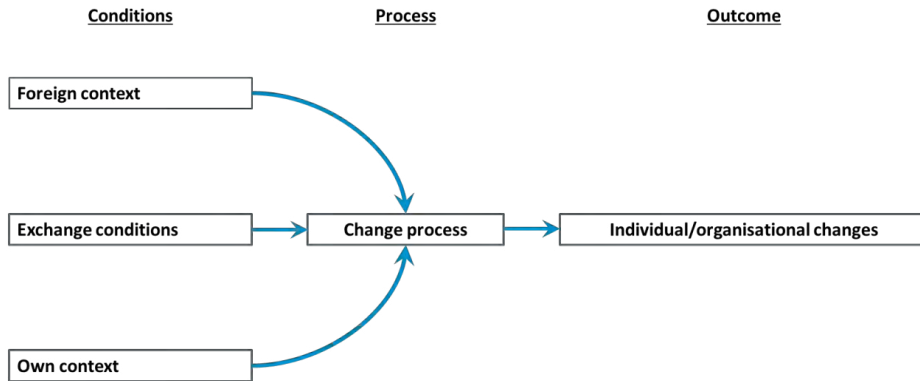
As of yet, the functioning and benefits of an international exchange on an organisation are unknown. A more in-depth understanding of how and why an international exchange can create change on an individual, as well as an organisational level, will be of great value as it will offer a perspective on a possible driver of change which is already employed in certain sectors, but not well understood. Insight in the conditions and processes of change as a result of international exchange will be important for people organising exchanges, as they will be looking to maximise their desired effect. It can also be instructive for people looking for novel ways or elements to introduce learning and innovation in their organisation.

Understanding how cultural differences can lead to development may also offer useful insights into the benefits of cultural exchange in general. Due to increased globalisation, encounters between different cultures are more likely to take place in many different areas of people's lives, and will become more important in many nations' (elderly) care sector as well. Lastly, the urgency of learning about new ways of organisational innovation is especially apparent in the care sector, as it is ultimately concerned with improving one of the most important aspects of our lives which is under threat in the context of population ageing, namely ensuring good quality, humane care.

### 1.4 Theoretical framework

On the basis of the literature study, I comprised the model shown in figure 1.1, to serve as my theoretical framework. This model incorporates *conditions* associated with international exchange, that are expected to influence change. These are the foreign context, one's own context, as well as exchange conditions that will largely depend on those organising the exchange. The conditions of the international exchange are expected to set a *process* of change in motion, resulting in individual and/or organisational changes (*outcome*).





**Figure 1.1.** Theoretical framework

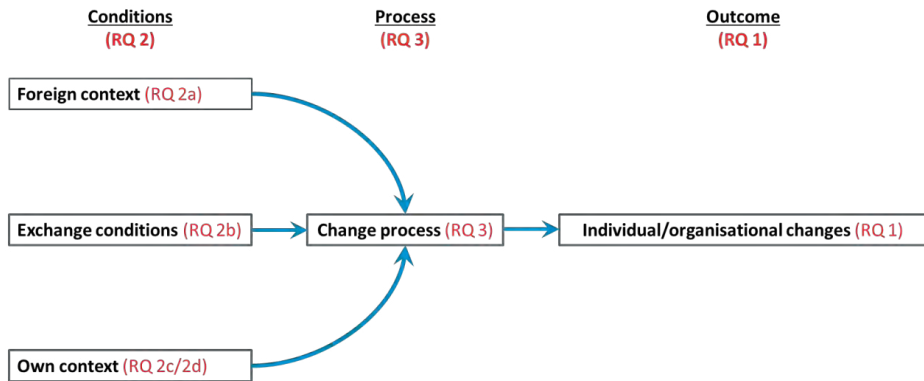
In chapter 2 (section 2.3) I will describe how I translated the findings from literature into my theoretical framework.

## 1.5 Research questions

The main aim of the research is to gain an in-depth understanding of how and why international exchange between two care organisations can lead to individual and organisational change. In order to achieve this aim, I set the following main research question:

*How and why does international exchange between two care organisations lead to individual and organisational change?*

I subdivided the main research question into three research questions. Figure 1.2 shows how these three research questions relate to my theoretical model.



**Figure 1.2.** Theoretical framework and research questions

Before being able to answer the main research question, the first prerequisite is to establish what the outcomes of the exchange are, leading to the first research question:

*RQ1: What are individual and organisational changes resulting from international exchange?*

RQ 1 focuses on the *outcomes* of the international exchange, i.e. the examples of *individual and organisational change* that were a result of the exchange. When it comes to individual change one might think of changes in professional skills and attitude. Examples of organisational changes could be new initiatives in an organisation that are based on a foreign example. Important in the context of this study is that it focuses on international exchange between two organisations that are linked by their function (organising and providing care). The purpose of the learning experience is also directly related to this shared function of organising and providing care.

The second research question (RQ 2) focuses on the *conditions* of the exchange that play a role in individual and organisational change as a result of exchange. In order to understand why international exchange effects organisational change, I will draw from policy change literature. Using Kingdon's (1984) three-streams-model, I will examine how an exchange may create conditions for change by opening up a 'policy window'. Kingdon proposes that three kinds of processes or streams are important before a new policy can be formulated: the 'problem stream' involving problem recognition, the 'policy stream' involving the production of alternatives, and the 'political stream' involving the context in which it all takes place. A policy window, i.e. the chance for new ideas to enter the agenda and the chance for change to take place, opens up when the three streams converge. The second research question is therefore:

*RQ 2: What are the conditions that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?*

The conditions for change related to exchange can be further subdivided into conditions surrounding the exchange experience and the conditions within the sending organisation that influence the participants' frame of mind, as well as the possibility of translating new ideas into initiatives upon return. Firstly, since the premise of the international exchange is built around the idea that the introduction to a new, unknown, foreign reality or context leads to new ideas and initiatives that can change the home context, an understanding of the foreign context is essential when attempting to understand the relation between the exchange and change. The first sub-question of the second research question therefore aims to determine which aspects of the foreign context facilitate changes:

*RQ 2a: What are the foreign contextual factors that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?*

The introduction to the foreign context and the other participants from this foreign context occurs within the contours of the exchange programme. What participants experience largely depends on the activities of the exchange programme. The second sub-question of the second research question is therefore:

*RQ 2b: What are the exchange conditions that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?*

When examining the influence of exchange on participants and their organisation, it is important to understand the participants' own organisation as well. After all, their own organisation is likely to shape its participants' frame of mind, which will likely be of influence when interpreting the new, foreign context. At the same time, the chances of possible new ideas leading to actual initiatives in the own organisation will also depend on its organisational context. The third sub-question of the second research question is therefore:

*RQ 2c: What are the organisational conditions that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?*

Lastly, in order to understand the organisational context it is also important to understand its wider, societal context, as this will influence both the organisation and its members. The fourth sub-question of the second research question therefore reads:

*RQ 2d: What are the wider contextual conditions that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?*

While the second research question focuses on the conditions of change, the third research question concerns the process of change as a result of exchange. In order to explain the process of change on a higher than individual level, I draw from the organisational change literature, using Kim's (1993) Observe, Assess, Design, Implement-Shared Mental Model (OADI-SMM) of organisational change. In this model, Kim combines both experiential learning theory and the concept of Individual and Shared Mental Models, in order to conceptualise the relation between individual and organisational learning. The third research question is:

*RQ 3: What does the process of individual and organisational change resulting from international exchange look like, and to what extent can Kim's OADI-SMM model help in understanding this process?*

In the following section I will explain the research design I chose in this study to answer the research questions and explain why this design was best suitable in this case.

## 1.6 Operational definitions and terminology

This section describes the definitions used in this study. Firstly, the definitions of the concepts relating to my theoretical framework, and secondly, the operational definitions of the most important terms mentioned.

### 1.6.1 Definition of concepts related to the theoretical framework

#### **International exchange**

In this study, I draw from Rodger's (1998) definition of educational tourism and define 'international exchange' as a "program in which participants travel to a location as a group with the primary purpose of engaging in a learning experience directly related to the location" (Rodger's, 1998, p.28).

### **Individual change**

'Individual change' in this study is defined using Woodman and Dewett's (2004) definition, which *"includes changes in behaviour and changes in both cognitive and non-cognitive individual difference characteristics"* (p. 33).

### **Organisational change**

I define 'organisational change' as *"a reconfiguration of components of an organisation"* (Boohene & Williams, 2012, p. 136), which may include alterations in strategy, policy, structure, roles, procedures, processes and culture.

### **Collective change**

In this study I also use the term 'collective change', to denote change that occurs within a group or team of individuals, through a collective process. A collective change process and/or outcome is likely to involve communication between individuals in the group, and is therefore easier to observe than individual change, which may occur completely internally.

## 1.6.2 Operational definition of terms used

### **Care organisations**

'Care organisations' are defined as *"those organisations or institutions that aim to limit the disadvantages of illnesses, disorders and impairments, through nursing and providing care"* (Mens en Gezondheid website, 2019). Unlike in *healthcare*, which focuses on *cure* (e.g. hospitals), care organisations primarily focus on the provision of *care*, with activities such as disability nursing and care, home-based care, elderly care. Clients often have chronic conditions and require long-term care.

### **Health worker**

In this study, the term 'health worker' is defined as *"a professional whose job it is to protect and improve the health of their communities, by engaging in activities whose primary intent is to enhance health"* (WHO, 2006, p. 1). This includes people who deliver services (such as healthcare and care professionals), and people who are not engaged in the direct provision of services (such as managers and support workers). In this study, these include *all* employees working for (health)care organisations.

### **Care professional**

I use the term 'care professional' to denote *"any health or social care professional who provides care services"* (Segen's Medical Dictionary, 2012). In this study these are nurse assistants, nurses, and other (para)medical professionals, such as physiotherapists.

### **Nurse assistant**

For the purposes of this study, the Dutch term “verzorgende” will be translated as “nurse assistant”. The Dutch term “verzorgende” is difficult to translate since medical systems vary in each country. A “verzorgende”, or “verzorgende individuele gezondheidszorg (VIG)” is educated in Dutch middle-level vocational education (MBO), level 3. A “verzorgende” mostly works in nursing or care homes, maternity care, or home-based care. They are trained and qualified to perform such nursing acts as injecting and catheterising. The term is most comparable to the term ‘Certified Nurse Assistant’, who are described to typically be responsible for the general care of their patients.

### **Nurse**

In this study I use the International Council of Nurses (ICN) definition, which states that *“a ‘nurse’ is prepared and authorised to engage in the general scope of nursing practice, including the promotion of health, prevention of illness, and care of physically ill, mentally ill, and disabled people of all ages and in all health care and other community settings* (ICN, 2002). In the Dutch (health)care system, nurses provide more complex care, have more responsibilities and work more independently, compared to nurse assistants.

### **(Health) managers**

To define (health) managers, I use an adapted definition from the United States Bureau of Labor Statistics (BLS, 2019): ‘(Health) managers’ plan, direct, and coordinate medical and health services, including the (health)care professionals. They may manage an entire facility or a specific area or department. ‘(Health) managers’ must adapt to changes in healthcare laws, regulations, and technology.

### **Home-based care**

I define ‘home-based care’ as any type of care or nursing that is provided in clients’ own homes, with the goal to assist clients in such a way that admittance in facility-based care (e.g. hospital, nursing or elderly home) is not necessary (Ensie, 2016).

### **Facility based care**

Unlike home-based care, facility-based care includes any type of care, nursing or medical treatment that takes place within a facility. It is aimed at clients who are (temporarily or permanently) no longer able to live in their own home environment. Facility-based care includes hospitals, nursing homes, psychiatric clinics, etc. The type of care depends on the client’s (health)care need.

### **Community Home Based Care (CHBC)**

*“CHBC is defined as any form of care given to ill people in their homes. Such care includes physical, psychosocial, palliative and spiritual activities. The goal of CHBC is to provide hope through high-quality and appropriate care that helps ill people and families*

*to maintain their independence and achieve the best possible quality of life” (WHO, 2002, p. 6). In this study, the term is used to denote a specific type of home-based care, organised within local communities through community-based (or faith-based) organisations, which is generally found in resource-limited settings: in the case of this study, in Malawi.*

### **Community-based care**

*“‘Community-based care’ is coordinated, integrated care provided in a range of community settings, such as people’s homes, healthcare clinics, physicians’ offices, public health units, hospices, and workplaces. It is delivered in a way that is person- and population-centred, and responsive to economic, social, language, cultural, and gender differences. Health providers across the continuum, including nurses, social workers, pharmacists, dietitians, public health practitioners, physicians and others, deliver community-based care” (Canadian Patient Safety Institute, 2019). While specifically involving clients’ own social network, community-based care involves more professional (health)care than CHBC, and is often used to describe a model for (health)care used in more affluent settings: in the case of this study, in the Netherlands.*

## **1.7 Research design**

In order to investigate organisational change as a result of exchange, I chose to conduct a multiple-case study on international exchange between care organisations. The case study has been an essential form of research in the social sciences, and has been used extensively in research within organisations (Barrett & Walsham, 2004). Corresponding with the aims of my study, a case study aims to explain a complex phenomenon which is heavily dependent on context, uses “why” and “how” research questions, and concerns complex, real-life, social processes that are uncontrollable by the researcher (Yin, 1994). The case study investigates a current, real-life phenomenon, in-depth and within its context, allowing the researcher to understand the problem, the nature and complexity of the process taking place (Yin, 1994). The context is part of the investigation, as the contextual conditions may be very relevant to the phenomenon under study (Ridder, 2017; Yin, 1994). Case studies are believed to provide the best understanding of phenomena regarding concrete context-dependent knowledge (Bhattacharjee, 2012).

The case study is particularly appropriate for studying complex organisational processes that involve multiple participants and interacting sequences of events, such as organisational change (Bhattacharjee, 2012). The case study method allows for a phenomenon of interest to be studied from the perspective of multiple participants, using multiple levels of analysis, such as individual and organisational levels (Bhattacharjee, 2012). Case studies can be based on any mix of quantitative

and qualitative evidence (including incorporating either completely quantitative or qualitative methods), giving the case study a unique ability to deal with a variety of evidence (Yin, 1994). This study uses a multiple-case design, as the change processes in two involved organisations will be studied: namely the changes within the Dutch elderly care organisation SZMK and the Catholic Health Commission of the Archdiocese Blantyre (Blantyre CHC) in Malawi.

Stichting Zorgcombinatie Marga Klompé (SZMK) is an elderly care organisation in the East of the Netherlands, providing care to a total of 980 clients with psychogeriatric or somatic problems. More than 1600 health workers provide care to clients living in a SZMK care or nursing home (90% of SZMK care staff) on one of 14 different locations, or living at home (10% of SZMK care staff) (SZMK Annual report, 2015). Of the health workers at SZMK, 59% were nurses and 31% nurse assistants (SZMK Annual report, 2015). In my multiple-case study, SZMK constitutes two separate cases: the first relating to changes within SZMK as a result of previous international work visits to Denmark and the United States, and the second to changes within SZMK as a result of the Malawi-Netherlands exchange, which was to be set up as a part of this study. The Catholic Health Commission of the Archdiocese of Blantyre (Blantyre CHC) is a faith based organisation belonging to the Archdiocese Blantyre in Malawi. Blantyre CHC oversees and coordinates the provision of health services and programmes in its health and health-related facilities, consisting of three district hospitals, seven health centres and two nursing colleges. The changes that occurred as a result of the exchange between Blantyre CHC and SZMK (the Malawi-Netherlands exchange) forms the third, and final, case in my multiple-case study. The large degree of involvement and investment of SZMK and Blantyre CHC in this study, provided for a unique opportunity to conduct in-depth research. Their participation, despite having to deal with serious organisational challenges at the same time, was invaluable for studying this subject matter in this way.

## 1.8 Overview of methods

In this study I use several methods, including qualitative and quantitative methods, with the aim to triangulate data. The triangulation of data is common in case study research, and allows for detailed case descriptions (Ridder, 2017). I also employ multiple units of analysis, which are highly interrelated. Indeed, according to Yin (1994), the same case study may involve more than one unit of analysis. For example, if an organisation is the main unit, intermediary units, and even the individual as the smallest unit, may be analysed. This study also uses such an ‘embedded case study design’. Changes within each case (i.e. each of the organisations) were mainly studied at the individual level and the group level (i.e. at the level of the individual exchange participant or group of exchange participants). However, actual *and* potential changes on a higher level, such



as an organisation's subdivision or locality, or even at the level of the organisational as a whole, were also part of the analysis.

Table 1.1 gives an overview of the research methods used, their relation to the research questions, and the unit of analysis.

**Table 1.1** Overview of Methods, Relation to the Research Questions and the Unit of Analysis (UOA)

Method	Outcome (RQ1)	Conditions (RQ 2)	Process (RQ 3)
1. Desk research	-	Contextual elements Blantyre CHC and SZMK inspiring change or influencing internal possibilities for change. UOA: the country and the organisation	-
2. Interviews with previous exchange participants SZMK	Examples of individual and collective change as a result of previous international exchange SZMK. UOA: the individual participant and exchange teams.	Exchange conditions effecting change; Organisational context SZMK inspiring change or influencing internal possibilities for change. UOA: the work visit, the organisation	Process through which change occurred as a result of previous international exchange SZMK. UOA: individual participants and the organisation
3. Literature study	Literature search on individual and collective change as a result of exchange. UOA: the individual and the organisation.	Literature search on influential foreign context inspiring change, facilitative exchange conditions, and facilitative versus hampering organisational change context. UOA: the exchange and the organisation.	Literature search on individual and collective change processes. UOA: the individual and the organisation.
4. Preparatory visit Malawi	-	Contextual elements Blantyre CHC inspiring change as foreign example or influencing internal possibilities for change. UOA: the country and the organisation.	-

Table 1.1 Continued

Method	Outcome (RQ1)	Conditions (RQ 2)	Process (RQ 3)
5. <b>Organising a</b> Malawi-Netherlands exchange (intervention): participant selection and exchange programme development	-	Exchange conditions effecting change. UOA: the individual, the exchange teams and the exchange conditions	-
6. <b>Survey</b> among SZMK employees (current and desired values and culture), Dutch and Malawi exchange participants during the time of the exchange, and for the Dutch exchange participants one year after the exchange.	Individual changes among the Dutch exchange participants as a result of the Malawi-Netherlands exchange. UOA: the individual.	Organisational context SZMK influencing own possibilities for change. UOA: subgroups within the organisation (by function, sector and age) and the organisation as a whole; Exchange conditions in terms of participant and team characteristics effecting change. UOA: the exchange teams.	-
7. <b>Participant observation</b> during Malawi-Netherlands exchange	Examples of individual and organisational change as a result of Malawi-Netherlands exchange. UOA: the individual, exchange teams and organisation.	Exchange conditions effecting change; Contextual elements inspiring change as foreign example or influencing internal possibilities for change. UOA: the exchange, exchange teams, organisation and state.	Process through which change occurred as a result of Malawi-Netherlands exchange. UOA: the individual, exchange teams and organisation.
8. <b>Interviews</b> with participants Malawi-Netherlands exchange	Examples of individual and organisational change as a result of Malawi-Netherlands exchange. UOA: the individual, exchange teams and organisation	Exchange conditions effecting change; Contextual elements inspiring change as foreign example (RQ 2a) or influencing internal possibilities for change. UOA: the exchange, exchange teams, organisation and state.	Process through which change occurred as a result of Malawi-Netherlands exchange. UOA: the individual, exchange teams and organisation.

The first part of my study included desk research on the involved organisations and their context, and a round of interviews with previous participants of international work visits organised by SZMK. This first, more exploratory, case study played an important part in establishing the topic and approach of the study as a whole. In combination with a literature study, the main research question and theoretical framework was determined. The interviews on SZMK's previous international work visits also greatly determined the content and organisation of the Malawi-Netherlands exchange.

Before the Malawi-Netherlands exchange, a survey on personal and organisational values and culture was sent out to all care and managing personnel at SZMK, including the exchange participants for the Malawi-Netherlands exchange, in order to assess the organisational context and conditions of the exchange. The results were discussed in a focus group discussion with the SZMK exchange participants.

During the Malawi-Netherlands exchange itself, participant observation was carried out and interviews with Malawian exchange participants were held, with the purpose to determine what type of individual or organisational level changes took place as a result of the exchange, and to examine the process and conditions under which these occurred. Immediately after the exchange, the same survey which was held among the Dutch SZMK employees before the exchange was filled in by the Malawian participants, with the purpose to help determine differences and similarities between the Malawian and the Dutch exchange participants and their organisations.

One year after the exchange, the same survey was again held under the Dutch participants in order to serve as a basis for follow-up interviews. These retrospective follow-up interviews were intended to assess long-term individual and organisational change as a result of the exchange, as well as the process and conditions under which these changes took place.

The research methods will be discussed in detail in chapter 3.

### 1.9 Role of the researcher

This study was part of the research programme "Circular Migration, Innovation and Long-Term Care" of the endowed chair of Social Responsibility established at Tilburg University by the Marga Klompé Foundation. For this research programme, two PhD students were appointed: Johan van Rixtel and myself. As both of our topics concerned effects of international exchange, we conducted the retrospective interviews on SZMK's previous international work visits and organised the Malawi-Netherlands exchange jointly. The literature study presented in this book, as well as all the data collection and analyses for the Malawi-Netherlands exchange study were conducted separately from

the other researcher. For example, while we both participated in the exchange, I took and analysed my own field notes separately. The only exception of data collected jointly in the context of the Malawi-Netherlands exchange were the retrospective interviews with pairs of the six Malawi exchange participants, which we held together. However, I analysed the contents of these interviews and all other data for the Malawi-Netherlands exchange study individually. The study as a whole is thus based on my own individual work. Where applicable, the other researcher's role is described in the sections on research methods.

While always trying to keep an open mind during the research process, with this type of research it is unavoidable that the findings will be influenced by the perception of the researcher. In fact, in these type of studies, the fact that the researcher is part of the research process must always result in the researcher being affected by the social phenomenon under investigation (Tekin & Kotaman, 2013). Its results can therefore never be considered entirely objective. Hence, throughout the research process, I have continuously and consciously reflected on my role as a professional researcher. Most notably, impartiality and neutrality was strived for in all communications, by always endeavouring not to voice own opinions or values in communications with involved participants, or steering research proceedings in any certain direction. These considerations were discussed extensively during the research process with the other researcher involved in the exchange, which aided in staying conscious and aware of separating personal beliefs from the research process.

## 1.10 Ethical considerations

Ethical considerations were made in all steps of the research process, by preserving anonymity when disseminating results and keeping personal data secure. Respondents were also informed about this before participating (see for example Appendix A). By closely collaborating with the project group at SZMK, ethical standards for SZMK employees participating in the research could also be discussed and ensured. During the course of the research, preliminary results were presented and discussed with SZMK project group members. Finally, through leaving the organisation of the Malawi visit and selection of Malawian exchange participants to the main contact person at the Catholic Health Commission of the Archdiocese of Blantyre, this person was able to make these important decisions while serving in the interest of her colleagues. For the client visits in the Netherlands, the clients would first be selected and approached by their own care professional involved in the research, after careful consideration whether that would not present a burden on them. When home visits to clients in the Netherlands were made, their permission was always asked in advance by their own care professional, and they were prepared weeks in advance in anticipation of the visit. In Malawi, the clients were also prepared well in advance, through their own caretakers

working for the involved community-based organisations. Respondents or clients did not receive rewards for participation.

### 1.11 Structure of the dissertation

In chapter 2 I will discuss the relevant literature and knowledge gaps, as well as present the theoretical framework for this study. Chapter 3 will discuss the research design and methods. In chapter 4, I will describe the national and organisational context of the Malawi-Netherlands exchange. In chapter 5 I will discuss the outcomes of interviews with participants from previous international experiences at SZMK. In chapter 6 I will discuss the results of the survey for the SZMK employees, in order to get a clear idea of the organisational context of SZMK. Chapters 7 and 8 will present the outcomes of the participant observation during the exchange and post-exchange interviews with participants. In chapter 9 I will focus specifically on the interactions between participants that influenced change as a result of the Malawi-Netherlands exchange. Finally, in chapter 10 I will provide a conclusion and discussion of the outcomes of the study.









## Theoretical framework



In order to be able to understand the process and conditions of individual and organisational change as a result of international exchange, I have reviewed literature on international exchange effects and organisational change in general. This literature study thereby aimed to reveal current gaps in knowledge concerning this topic and helped in the construction of a theoretical framework for this study. With the use of this theoretical framework, the subject of change through exchange is studied, using what is already known about international exchange, as well as related subjects.

## 2.1 International exchange effects

Most of the academic literature on international exchange discusses international experiences of people in their formative years, i.e. through international youth programmes or educational programmes (Kruse, 2015). Van 't Klooster (2014) reviews an important part of this literature, which he captures using the term “educational travel”. For this study, using the “Web of Science” search engine, additional relevant literature on international exchange aimed at learning, development or change was found.<sup>1</sup> This literature specifically discusses exchange programmes set up to train students and (mostly starting) professionals in the (health)care sector: i.e. in the medical, nursing, or social work sector (e.g. Koskinen et al., 2009; Drain, Holmes, Skeff, Hall, & Gardner, 2009; Sloand, Bower, & Groves, 2008; Kruse, 2015). Other publications that were relevant for this study discuss the effects of exchanges in agriculture (Cody, 2017) and the clothing industry (Hitchens, Wagner, & Birnie, 1991), as well as the experiences of teachers teaching abroad voluntarily for a period of time (Burstow, 2009; Walters, 2009; Hutchings & Smart, 2007). The literature presents mostly self-reported motives, experiences and outcomes of international exchange. The most important findings from the literature will be discussed in this section.

### 2.1.1 History of international exchange

The idea of a foreign experience leading to individual development is by no means a novel one. Travelling abroad as a means to promote individual development was already practiced centuries ago by people seeking the wisdom and knowledge of others (Van 't Klooster, 2014). One of the best-known travelling scholars was Erasmus of Rotterdam (1465-1536), whose name was later given to the European exchange

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1 The literature discussed in this chapter is based on a search in the Web of Science database with the terms “international exchange” or “organisational / organizational exchange” or “exchange between organisations / organizations” in the title, and the terms “effect” or “effects” or “outcome” or “outcomes” or “learning” or “development” or “change” in the topic (searched on 11-12-2017). This search yielded 37 articles. On the basis of reviewing title and abstract, 17 were relevant for this study. Additional publications were found through van 't Klooster's (2014) dissertation on educational travel, through Kruse's (2015) book on international exchange in the social work sector, and through bibliographies of the reviewed sources.

programme for students (Dolby & Rahman, 2008). Between the 16<sup>th</sup> and 18<sup>th</sup> centuries, many scholars and artists travelled abroad in order to meet influential peers and experience other cultures (Maczak, 1995). The idea of international mobility as a means to develop students' personalities gained prominence in the last half of the 20<sup>th</sup> century (Keogh & Russel-Roberts, 2009), and possibilities for international travel increased. Currently, many students travel abroad to do an internship, study a year abroad, carry out a research project or engage in a study visit, as a means of academic and self-development. For example, in 2012 Erasmus students alone represented 5 percent of European graduates (European Commission, 2014).

Educational exchange programmes set up to train medical or nursing students or professionals are also referred to as “global health training” programmes. Arif, Dilich, Ramel and Strong (2014) report that global health training opportunities are widely supported and frequently offered to healthcare students as an experiential learning opportunity, while interest and involvement in global learning and global health has increased rapidly over the past decades. In such programmes, students get the opportunity to provide patient care, work in interdisciplinary teams and apply strategies for quality improvement (Godkin & Savageau, 2003; Werremeyer & Skoy, 2012).

## 2.1.2 Motives for international exchange

### **Motives for organising international exchanges**

Motives for organising international education experiences that are specifically mentioned in the literature are: developing competitive professional expertise, increasing international understanding, personal growth, general philosophical development (Coelho, 1962) and enhancing creativity (Juvan & Lesjak, 2013). Koskinen et al. (2009) write that for medical students and professionals global health training opportunities are set up as *“physicians today must understand the global burden and epidemiology of diseases, the disparities and inequities in global health systems, and the importance of cross-cultural sensitivity”* (p. 320). The mixture of healthcare students and practitioners is believed to promote an optimal environment for learning and professional development (Drinka & Clark, 2000). Finkel & Fein (2006) describe an example of several medical schools in the United States and Europe that initiated a collaborative exchange programme to enable their medical students to gain an insight into another country's healthcare system. By learning about how healthcare is organised, delivered and financed in other countries, the students were expected to get a better sense of the relative merits and limitations of different systems (Finkel & Fein, 2006). According to the authors, each of the participating medical schools viewed the programme as an important and integral part of the educational curriculum, introducing global health issues to its students.

According to Cronin (2015), international exchange programmes for social workers that have facilitated exchanges for the past 50 years aim to *“promote human understanding by bringing together social workers and other human service professionals from different countries and cultures to exchange knowledge and experience”* (pp. 267-268). A number of articles could be found on an international exchange programme specifically aimed to develop leadership skills of social workers (Kerridge, 2017; Irizarry, Gameau & Walter, 1993; Rehr, Rosenberg & Blumenfield, 1993): the goal of this programme is to further participants’ personal career and health leadership capability as well as develop participants’ understanding of different models of health care. According to Kerridge (2017) the assignment of participants of this programme was to *“try to understand the ever-changing health care environment, determine the evolving organisational goals and concerns and what is likely to be needed to address those goals and concerns and then insert yourself in the process”* (p. 1), while collaborating with others.

Motives for organising international exchange programmes for nursing students are to help students become more culturally sensitive, knowledgeable and competent, in order for them to function in a diverse and rapidly changing world (Leininger, 1992), and to enable an examination of their responsibilities in public health (Koskinen et al., 2009).

While many of the motives for organising international exchanges are to enhance individual competencies, some organisers also expect such programmes to have an impact on a higher level. For example, organisers and financers of exchanges involving civil servants from different governments have been found to see value in a sharing of practice and an opportunity to observe other countries and organisations (Burstow, 2009). Besides aiming to provide students with opportunities for individual development, the Erasmus exchange programme also aims to impact educational systems at a national as well as institutional level (Juvan & Lesjak, 2013). By exchanging faculty members, domestic teaching institutions are meant to benefit from host faculties’ experience, thereby stimulating transformations that increase quality and diversity (Juvan & Lesjak, 2013).

Another example of exchange aimed at development on a higher than individual level is discussed in a study by Hitchens, Wagner and Birnie (1991) on an exchange between managers in the clothing industry in Northern Ireland and Western Germany. While they mention that international exchange has been used more often as a strategy to increase productivity of the relatively weak performer, this particular exchange was different in the sense that it brought in a manager from a relatively stronger performing factory to lower performing factories, instead of bringing managers from lower performing factories to a better performing factory.

### **Motives for participating in international exchange**

A study on self-reported motives of students participating in Erasmus exchange programmes showed that the main reasons for enrolment were gaining experiences, changing environments and professional development (Juvan & Lesjak, 2013). Reported motivations of individuals enrolling in international exchange programmes in the healthcare sector were personal growth, learning about different healthcare systems, gaining cultural experience, travel opportunities, making friends and international contacts (Alexander et al., 2013; Coskun, 2016). According to Drain et al. (2009), a strong majority of medical professionals indeed recognise such personal and professional benefits, and actively seek to gain international experience.

A study by Kruse (2015) reports the motives of social work professionals who participated in international social work exchanges from various countries over the last 60 years. Most important motives were widening participants' personal horizon, understanding a different social system, getting to know the culture of a different country, and making contacts with people in a different country. Older participants more often mentioned that they wanted time away from their job to regain energy, while younger participants especially mentioned making international contacts as a motive. When examining motives over the last 60 years, the following motives became more important over time: understanding a different system; interacting with peers in the hosting country; getting to know different professional concepts; gaining new professional knowledge; being able to judge one's own work critically; wishing to discover something new in general; personal development; experiencing the joy of travelling; and gaining energy. Motives for choosing particular countries for exchange were: specific ideas or concepts relevant to social work that a country is known for; special interest in the culture of a country; higher professional standards; and the hope that elements of social work from a particular country are easily transmittable to the home context.

### **2.1.3 Effects of international exchange**

In his extensive literature review on educational travel, Van 't Klooster (2014) found that research on the effects of international study experiences is scarce, fragmented and modest, thereby hampering a clear understanding of this subject. Still, surveys of global health trainings demonstrate that participants themselves report a wide array of positive effects (Drain et al., 2009). Juvan & Lesjak (2013) conclude that reported benefits of international exchange include both personal and, although to a lesser extent, professional development.

Kruse (2015) found that effects of international exchange of social workers in her study are the same as found in comparable studies (Thomas, Chang, & Abt, 2007; Healy, 2008; Cronin, 2005). She divided the found effects into three categories of competency development: personal characteristics and competencies, professional competencies and intercultural competencies. The experiences of international exchange programmes

in the field of child and youth welfare professions and social work in Germany, show that the outcomes of the programmes do not only yield individual benefits, but also a *“benefit at the social level in general”* (Wisbar, 2015, p. 99). Wisbar (2015) and Kruse (2015) also found that many former participants of international exchanges for social workers become involved in follow-up initiatives for international exchange.

The following sub-sections identify specific effects of international exchange in terms of personal development, professional development and development of cultural competencies, as identified in the literature.

### **Personal development**

Most of the literature on international exchange reports the general development of personal competencies or personal growth (e.g. Coskun, 2016; Ten Cate et al., 2014; Alexander et al., 2013; Enskar et al., 2011; Shieh, 2003). Specific personal competency developments that are reported include increases in:

- flexibility: or the ability to adapt one’s thinking and acting to an uncertain situation (Van ’t Klooster, 2014; Unterhalter, 2002);
- independence: due to the students’ increased perceived ability to deal with uncertainty and stress (Van ’t Klooster, 2014; Nash 1976; Teichler & Janson, 2007);
- self-awareness (Van ’t Klooster, 2014);
- self-confidence or self-assurance (Kruse, 2015; Van ’t Klooster, 2014; Schulz & Kelly, 2007): due to an increased understanding about oneself and one’s life goals (Coelho 1962; Dukes et al. 1994; Dwyer & Peters 2004);
- expansion of the self: due to a liberating feeling of independence and an enhanced understanding of oneself (Coelho 1962; Dunkley 2009; Nash, 1976);
- confidence in coping with new challenges (Wisbar, 2015);
- assertiveness (Kruse, 2015);
- initiative (Unterhalter, 2002);
- open-mindedness (Kruse, 2015);
- interpersonal skills (Unterhalter, 2002);
- bio-psycho-social situation or mental resilience, through an increase in self-confidence, which may help prevent burn-out (Hausegger, 2015)

### **Professional development**

Van ’t Klooster (2014) found very little research on the development of professional or management competencies during study abroad, although there was an indication that self-efficacy and communication skills improved. Studies on international exchange experiences of (training) professionals did clearly show advancements in professional competencies. For example, studies on the professional development of teachers from the United Kingdom showed that teaching abroad enabled a deeper

reflection on practice (Unterhalter, 2002). Teachers themselves reported higher levels of awareness of the needs of others, a variety of transferable management skills, as well as opportunities to rethink their own teaching philosophy and methods (Schulz & Kelly, 2007). Another self-reported effect of teaching abroad was a re-energising of passion, motivation and a fresh appreciation of their job (Hutchings & Smart, 2007; Sharpe, 2006). Others, who had taken part in the placement because they were looking for a new challenge, came back with a greater motivation to move on. Indeed, teachers with experience in teaching abroad rated these experiences as the most important in their professional development (Hustler et al., 2002).

Literature on effects of global health training also reported that participants themselves had experienced professional development or growth (Enskar et al., 2011; Shieh, 2003), such as a broader medical knowledge and better physical examination skills (Drain et al., 2009); professionally relevant experience (Alexander et al., 2013); development in determining desired practice in the homeland (Shieh, 2003); a restoration of the medical students' idealism; and an increased likelihood of subsequently being more involved in care for underserved communities (McKinley, Williams, Norcini, & Anderson, 2008) and multicultural populations (Drain et al., 2009).

Holmström (2015) found that participants of international exchanges in the social work sector experienced a *"huge impact on the participants' professional and personal lives"* (p. 244), in that it broadened their career, the way they worked and their life orientation, and allowed for development of their personal and professional identity through reflection on their work and the essence of social work. Specific examples of professional competency development as a result of international exchange programmes for social workers include:

- inspiration for own work and professional context (Kruse, 2015);
- increase in determination in taking professional action (Wisbar, 2015);
- the ability to make compromises in the work environment (Lattwein, 2015);
- learning specific professional methods, concepts or theories (Kruse, 2015);
- an increase in motivation for continuing one's education and development (Wisbar, 2015; Kruse, 2015).

Göbel et al. (1998) found that the professional benefits of participants of international exchanges for social workers were not so much the development of concrete plans, learning or teaching materials, but rather social, cultural, didactic, and pedagogic stimulation. A study by Thomas, Kammhuber, Chang and Ehret (2001) shows that participants themselves valued the personal benefits of participating higher than the professional benefits. However, the authors found that the two are strongly related, and that the participants actually receive a multitude of professional impulses and that they also apply these in their own context. Kruse (2015) found that most participants of

international exchanges for social workers considered the exchange helpful in furthering their career. A number of respondents mentioned that the exchange influenced their professional career development through the possibility to be considered for a change in jobs, including more leadership-oriented jobs (Kruse, 2015).

### **Development of cultural competencies**

Several studies mention the importance of cultural, inter-cultural or cross-cultural competencies (from this point referred to as cultural competencies), especially in (health)care professions, and how this is particularly developed through international exchange programmes. Cultural competencies can be defined as:

*the individual's effectiveness in drawing upon a set of knowledge, skills, and personal attributes in order to work successfully with people from different national cultural backgrounds at home or abroad. (Johnson et al., 2006, p. 6)*

Van 't Klooster found evidence in the literature as well as his own study for the development of cultural competencies as a result of international exchanges, in terms of attitude changes, improved relationship skills, foreign language abilities, global awareness and increased tolerance.

In studies of effects of global health trainings the following developments in cultural competencies were mentioned: cultural experience and awareness and an international orientation (Coskun, 2016; Ten Cate et al., 2014; Pryor, 1992); learning about different healthcare systems (Coskun, 2016); learning about the own profession from a global perspective (Koskinen et al., 2010; Shieh, 2003); making (international) friends and contacts (Coskun, 2016); and motivation to continue international cooperative activities (Pryor, 1992).

Studies on the outcomes of international exchanges for social workers showed the following cultural competency developments: more interest in other cultures and openness to other habits and differences in general; greater tolerance; less prejudice; international outlook; a greater wish to interact with people from different cultures; openness towards and knowledge about different ways of life; and a greater acceptance of other opinions and attitudes (Kruse, 2015; Lattwein, 2015; Wisbar, 2015).

### **Organisational effects of exchange**

While the literature on international exchange reports individual effects, studies that specifically look at higher level effects could hardly be found. A study by Wang (1993) specifically looked at the national impact of international exchange on the development of medical informatics in China. A study by Matter (2015) discusses how a social work method was adopted from the United States in Swiss social work practice as a result of international exchange in the 1950s. Ten Cate et al., (2014) looked at the effect of

an international exchange programme for senior faculty members in medical schools on their faculties. They found positive effects of international exchange on faculty members' career and daily work, but also on their institution.

In her study on international exchange experiences of social workers, Kruse (2015) found that when it comes to transferring learned things to others in their own professional context, two fifths of the respondents reported that they were able to do so. However, the same number of participants felt that they were not able to do this. Indeed, Wisbar (2015) reports that returning participants of international social work exchanges often find that it is difficult to creatively turn their international experiences into actual change in the own work environment, as the environment is not necessarily open to innovation. A lack of interest and even jealousy of co-workers upon return is sometimes mentioned.

Beside these few instances where studies look at more than individual effects of international exchange, Hutchings and Smart (2007) discuss the value of individual development as a result of international exchange from the perspective of the employer. They assert that there is considerable evidence that teachers who have volunteered to work abroad develop skills that are valuable for their employers. For example, Thomas (2001) found that both teachers *and* their employers recognised valuable skills development such as global awareness, adaptability, interpersonal skills, handling responsibility, stress management, self-assurance, problem solving, exchanging skills, strategic thinking and a sense of humour. Colleagues of school leaders that went abroad reported how they noticed a clearer focus on what the school leader considered to be important, and a stronger rejection of what was not identified as important (Hutchings & Smart, 2007). Still, according to Hutchings & Smart (2007), research indicates that employers do not generally identify teaching abroad as a form of professional development.

#### 2.1.4 Explaining effects of international exchange

While most of the studies on international exchange focus on the merits of such an exchange for the participants involved in terms of positive individual changes, only a few say something about the mechanisms responsible for these changes, and how they relate to the foreign experience. Even fewer studies mention a particular theoretical basis for analysing international exchange programmes. The literature that does offer specific theories and other explanatory mechanisms will be discussed in this section.

#### Theories regarding effects of international exchange

Palthe (2004) and Thomas, Chang and Abt (2007) noticed how there is a lack of theory-based empirical studies on international exchange programmes. The literature review for this study indeed only found a few studies that mention a particular



theoretical framework for designing or analysing outcomes of international exchange programmes.

In a study on the effects of international exchange programmes for Austrian social workers, Hausegger (2015) uses the theoretical background of the “salutogenesis model” (Antonovsky, 1996) and theoretical models from motivational psychology (Maslow, 1954) to understand found effects of international exchange experiences of social work professionals. Salutogenesis considers health and disease to be on opposite ends of a continuum rather than forming a dichotomy, and revolves around the relationship between health, stress and coping. Hausegger (2015) found that international exchange can strengthen one’s coping mechanisms with regard to health, in this case through an increase in self-confidence, and thereby can help prevent burn-out. When it comes to motivation, she finds that reasons for participating in international exchange are intrinsic rather than extrinsic.

Jacobs, Stegmann and Siebeck (2014) use Vygotsky’s (1978) socio-cultural learning theory as a theoretical framework when they study learning effects of German medical students participating in an exchange programme with an Ethiopian university. Their research was based on the hypothesis that the social interactions of participants in an exchange programme increase job-specific competencies. According to Vygotsky’s theory, a driving force for individual cognitive development is the social interaction between learners with different levels of competence. Due to found contradictions between the learner’s beliefs and explanations of a more capable peer, participants are stimulated to challenge existing knowledge, to reflect on it and to search for new information. Key to successful learning is a “mental conflict” that leads participants to reflect on their personal beliefs and thoughts. Such mental conflicts, contradictions, tensions, or crises, are considered to be inherent in the international exchange experience (Jacobs et al., 2014). The authors assert that interactions with local people create awareness of differences between the visitor’s attitudes and opinions versus those of the local people. They therefore consider learning to be triggered by differences. In their study, Jacobs et al. (2014) indeed find that the visiting German medical students start questioning their own position through reflection on that of the Ethiopian people. This leads to a change in perspective, which plays an important role in successful learning: in this case especially in the area of social and intercultural competencies.

Another theory that resembles the principles of Vygotsky’s socio-cultural learning theory, and that has been applied in the context of cross-cultural encounters leading to learning during an international experience is “schema theory” (Coelho, 1962; Nishida, 1999). In cognitive psychology, schemas or schemata are the fundamental elements upon which all information processing depends.

*Schemata are employed in the process of interpreting sensory data, (...) in retrieving information from memory, organising actions, in determining goals and subgoals.* (Rumelhart, 1980, pp. 33-34)

Schema theory explains how individuals form and adjust their own knowledge structures by conscious and unconscious lessons learnt from daily events and experiences (Van 't Klooster, 2014). Schema development occurs when there is a cognitive conflict between individuals' existing schemas and new information. An international experience can provide a strong stimulus for a cognitive conflict to occur as one's own schema conflicts with that of the host culture (Chang, 2009; Nishida, 1999). According to Van 't Klooster, research into cross-cultural adaptation often uses schema theory to explain how people deal with the gap between familiar and unfamiliar experiences.

Some research on educational travel refers to experiential learning theory to explain how international exchange experiences can lead to learning, although it is not always explained what is exactly meant by this (Van 't Klooster, 2014). For example, in a study by Kirkpatrick and Brown (1999) measuring the effects of an international exchange via the Internet for nursing students, the authors suggest that they use principles from Kolb's (1984) experiential learning theory in the design of the programme under study, besides drawing from Knowles' (1970) adult learning theory and Campinha-Bacote's (1996) cultural competence model. However, in the article it remains unclear in which way this was done and what the usefulness of this theoretical basis was in understanding the outcomes of the study. Van 't Klooster (2014) describes experiential learning theory as perhaps the most popular theory of learning among educators. The philosophy of experiential learning builds upon Jean Piaget's model of cognitive development, which:

*... locates learning in the mutual interaction of (1) the process of assimilation of experiences from the world into existing concepts and schemas, and (2) the process of accommodation of schemas to practical experience.* (Citron & Kline, 2001, p. 19)

Through carefully chosen experiences that are supported by reflection, schema development can take place. The "experiential learning cycle" by Kolb (1984) is a generally accepted model of experiential learning, describing four cyclical stages of: (1) doing or experiencing; (2) reflecting on the experience; (3) drawing conclusions from the experience, thereby forming new schemas in the mind; and (4) testing the new schemas in a concrete experience. Experiential learning emphasises the importance of reflection, which can be both an individual and a social learning process, and is considered to accelerate learning more than cognitive classroom learning (Van 't Klooster, 2014).

Cronin (2015) also uses an experiential learning model to explain advances in cultural competence as a result of international exchange of social work professionals. He explains that the international exchange experience involves action learning and reflective practice, as well as emotional aspects of learning, and that it incorporates the various environmental factors that add to the learning experience. In his study he finds that availability and utilisation of direct practice opportunities as well as the difference between ethnic backgrounds of participants are important elements in explaining cultural competence development in international exchange. Cronin emphasises the importance of experiential learning as an essential component of professional education and that when it comes to developing cultural competence, a structured program of cultural immersion is preferred over a classroom setting where it is difficult to simulate the experience necessary to learn to be sensitive to the experience of being from a minority or immigrant group. He finds that exchange programmes offer an important experiential component that leads to enhancement of skills and knowledge concerning working with diverse populations in general, rather than only learning about the practice in a different context. International exchange in itself is therefore deemed a potentially valuable learning experience for professionals, regardless of the location.

### **Other explanations of change through exchange**

A more data-driven, rather than theory-driven, way of attempting to understand how international exchange influences change, is to look at factors that are statistically related to change. Van 't Klooster (2014) identified both individual and contextual factors of educational travel influencing individual change. Individual factors positively influencing the development of competencies were no previous experience of staying abroad and motivation. Influential contextual factors were the amount of local interaction, controlled experience, cultural distance and duration of stay. Although longer periods of staying abroad were positively associated with competency development, short controlled experiences, such as highly intensive and structured summer programmes, were also found to be very effective (Van de Meent, 2009, cited in: Van 't Klooster, 2014).

Van 't Klooster (2014) also discusses the notion of cultural distance, i.e. the amount of difference between a foreign culture and one's own, as a factor that is mentioned in studies looking at the development of competencies as a result of educational travel. In these studies, cultural distance is assumed to have a negative effect on the capacity of individuals to develop cultural competencies, as large differences in cultural values, language, economic, political and legal systems may constitute a barrier for effective communication with people from the host country (Johnson et al., 2006; Ward et al., 2001). However, recent studies could not find a significant relation between cultural distance and the acquisition of cultural competencies (Van 't Klooster, 2014; Selmer, 2006). Greater cultural distance was, however, found to have a positive effect on the development of more perceptual competencies and global awareness, which often

made participants reflect on the situation in their home country (Van Wijk, Go, & Van 't Klooster, 2008). While cultural distance is recognised in these studies as a factor contributing to the *amount* of individual development, they do not attempt to explain *how* cultural distance itself, which is inherent to the foreign experience, creates conditions for individual development.

Studies on the connection between creativity and international travel (Cao, Galinsky, & Maddux, 2014; Maddux, Bivolaru, Hafenbrack, Tadmor, & Galinsky, 2014) pose that changes in creativity can be explained by the fact that foreign experiences increase both cognitive flexibility, which is the mind's ability to jump between different ideas, and integration of thought, which is the ability to make deep connections between different ideas (The Atlantic, 2015). The key, critical process in this is believed to be active multicultural engagement, immersion, and adaptation, rather than simply being abroad. Thomas (2001) argues that the people-based nature of teaching voluntarily abroad, and the cultural and environmental adaptation required to do it, act as a *"powerful catalyst in the acquisition of higher order skills"* (pp. 8-9).

Next to these types of developments which seem to be based on novel ways of thinking, studies on effects of international travel also indicate increases in self-awareness. Psychological studies have shown that the ability to engage with people from different backgrounds than your own, and the ability to get out of your own social comfort zone, helps in building a strong and acculturated sense of self, in that it enables the differentiation of one's own beliefs and values (The Atlantic, 2015). What happens when people encounter a different culture is often referred to as "culture shock". While often assumed to be a negative phenomenon (Oberg, 1960), it also has the potential to be a transformational experience, as the new cultural stimuli and shocks can serve as triggers that lead travellers to re-examine their own assumptions and adopt a new frame of reference (Chang, 2009). The confrontation with a new culture then leads to an encounter with oneself and, consequently, a movement from a low to a high state of self-awareness (Van 't Klooster, 2014).

Several studies on the placement of teachers abroad indeed found that working in educational contexts where the norms and expectations were unfamiliar led teachers to re-assess their own practice and question their assumptions (Downing et al., 2004; Unterhalter et al., 2002). Hutchings and Smart (2007) found that the aspects of the foreign experience that accounted for the participants' development were: (a) engaging with one's own profession in different contexts or environments; (b) interacting with people from different cultural backgrounds; and (c) taking on different roles and responsibilities. Topics of reflection included comparisons between schools in the home and foreign context and the process of bringing about change and development, as well as reflections about themselves, their skills and aptitudes, their current work, and how they wanted this to develop.

In the literature about effects of international exchanges for social workers, the same principle of individual development through the recognition of differences is mentioned. Kniephoff-Knebel (2015) quotes the German social reformer and pioneer of social work as an academic discipline Alice Salomon (1932):

*We don't learn where we recognise that the other person does everything the way we do, but we learn when they do it differently. (Salomon, 1932, p. 804)*

Kruse (2015) states that international exchange leads to a sharper view of self, including one's professional ways of working. Wisbar (2015) asserts that it is the distance from one's own place of work and life that sharpens one's professional outlook on one's own situation and offers a new perspective. An international exchange leads to a confrontation with the own culture and way of life (Göbel, Hesse, & Lauterbach, 1998). It is precisely the largeness of the differences that forces participants to reflect on their own way of working and challenges them to transfer their international experiences to their own context (Thomas, 2001). Holmström (2015) believes that the essential learning experience of the international exchange programme lies in the interaction between participants, which helps participants to gain a new perspective on their work and their professional context as well as on their personal cultural identity. Serruys (2011) also mentions how being aware of cultural differences and perceptions allows medical professionals to understand their own practice from a different perspective, thereby changing the way they practice or experience medicine.

The explanations found in the literature of why international exchange leads to individual change, also relates to the subjective experiences of the participants themselves and what they considered to be the most important aspects of the exchange. For example, Kruse (2015) found that social workers valued the contacts with local people, such as living with a host family, during the exchange programme as most important. When asked what made the most impression during the exchange, the contact with people from different backgrounds and cultures was mentioned most. Other important experiences were: being able to live in an unknown country, which increased participants' confidence; experiencing a different professional approach; learning by doing; and experiencing social hardships (Kruse, 2015).

The same notion of differences and comparisons leading to development is mentioned in studies looking at higher level effects, rather than purely individual effects, of international exchanges of professional workers. In general, cooperation between organisations in different settings can be seen as an opportunity for individual and organisational learning (Finkel & Fein, 2006) as:

*... two or more organisations are brought together because of their different skills, knowledge, and strategic complementarity. The differences in partner skills and knowledge provide the catalyst for learning.* (Inkpen, 2000, p. 1019)

In Cody's (2017) study on the transferability of farmers' organic farming experience in the United States to their home countries in Peru and Ecuador, participants' cross-cultural experience within one's professional context leads to reflection on one's own context and thus uncovers hidden knowledge as much as it produces new knowledge and skills. Cody suggests that the most valuable elements of international agricultural exchange do not consist of the diffusion of particular agricultural innovations, but have to do with how cross-cultural experiential learning promotes critical reflection on production in one's own context. The experience reaffirmed participants' prior commitments to organic farming, and provided a context from which to reflect on their own values role as producers in their own country. Participants mentioned that they often reflected on their experience in the United States to better understand how best to serve their home communities. The exchange gives participants

*... a different perspective on the things one already knows, and on the place one comes from, by witnessing and experiencing how similar farming practices are applied in a completely different context.* (Cody, 2017, p. 37)

A study by Rehr, Rosenberg and Blumenfield (1993) on an international educational exchange between social workers also emphasises the importance of a degree of similarity, or common ground, between participants' contexts. They assert that when objectives are comparable, content and experiences can be shared, and knowledge and practice can be adapted to meet social and health needs of specific populations, within the context of place-appropriate government policies and expectations.

In much of the literature there seems to be a, sometimes implicit, notion of inequality between hosts and visitors, where expectations for learning are unidirectional. Only in the social worker exchange there seems to be a principle of equality, and indeed the expectation of mutual learning. For example, one of the ground principles in an international exchange programme of youth welfare workers between Germany and Russia is stated as taking the view of equality in diversity (Meyer, 2015).

### 2.1.5 Implications from international exchange studies for the theoretical framework

I used the following conclusions from the literature on the effects of international exchanges as a basis for the development of a theoretical framework for analysing organisational change as a result of international exchange:

The international exchange experience provides valuable *experiential learning* opportunities, which are not well replicable in a classroom environment (Cronin, 2015; Kirkpatrick & Brown, 1999; Van 't Klooster, 2014; Arif et al., 2014). Experiential learning theory has also proven to provide a useful theoretical explanation for how *individual* learning takes place as a result of international exchange. An element of experiential learning to explain individual learning may also be useful when building a theoretical framework for understanding *organisational* change as a result of international exchange.

The international exchange setting creates instances of “mental conflict” (Jacobs et al., 2014), “culture shock” or a conflict of participants’ “schemata” (Van 't Klooster, 2014) through participants’ identification of *differences* in opinions, attitudes and practices between themselves and local people. Culture shocks or mental conflicts lead to *reflection* on one’s own way of thinking and acting, driving the process of learning.

Change seems to occur through a combination of *reflecting* on oneself and one’s own context and more *creative*, novel, out-of-the-box ways of thinking on the individual level (The Atlantic, 2015). The latter element is likely to be important in the step from drawing novel conclusions influencing ways of thinking only, to initiating new actions.

In the following section I will draw from related literature in order to complement the above conclusions, in order to construct a theoretical framework for my study.

## 2.2 Theories of organisational change

As could be concluded from the literature on international exchange effects, hardly any publications on organisational exchanges and their effects on an organisational level exist, let alone publications on organisational level effects using a theoretical framework. In order to develop a theoretical framework for analysing both individual and organisational change as a result of a mutual international exchange between care organisations, in this section I will draw from theories on organisational change, organisational culture change, organisational learning and the learning organisation.

### 2.2.1 Organisational culture change

In management literature, organisational adaptation is seen as a precondition for success in competitive markets. Organisational adaptation involves a change by an organisation in response to external changes (Edmonson & Moingeon, 2004). D’Aunno and Price (1985) defined organisational adaptation as:

*... changes in structure, technology, and ideology that organisations make in response to environmental demands and opportunities. (p. 673)*

Organisational survival and effectiveness depend on the extent to which organisations can align themselves with their context over time:

*Organisations that respond more appropriately to environmental changes will, in the long term, be more effective.* (Milliken, Dutton, & Beyer, 1992, p. 92)

Organisational change is becoming increasingly important and challenging, as contexts today are more prone to rapid change:

*Organisational change is pervasive today, as organisations struggle to adapt or face decline in the volatile environments of a global economic and political world. The many potent forces in these environments -competition, technological innovations, professionalism, and demographics, to name a few- shape the process of organisational adaptation. As a result, organisations may shift focus, modify goals, restructure roles and responsibilities, and develop new forms.* (National Research Council, 1997)

Successful organisational adaptation may result in a more effective organisational structure and process and a better fit with emerging environmental conditions (Marks, 2003). The same holds for (health)care organisations, especially when the sector is driven by market forces. Liebler & McConnell (2011) describe how successful healthcare organisations must always monitor and be aware of continuing trends in order to effectively anticipate future challenges.

According to Marks (2003), organisational adaptation starts from a change in assumptions, leading to corresponding changes in expectation, behaviours and relationships. These elements relate strongly to the concept of organisational culture. The importance of organisational culture in determining an organisation's output, including service delivery, as well as potentially hampering organisational reform, is popularly recognised, given the fact that it is a much written about subject in change management literature. When it comes to change in (health)care organisations, Scott, Mannion, Davies and Marshall (2003) state that in the past, health system reforms have tended to focus primarily on structural change, while studies showed that structural changes alone do not deliver the anticipated improvements in quality and performance. As a result, calls for cultural transformations, alongside structural changes, in the healthcare sector have been heard since the beginning of the century (Scott et al., 2003).

Contemporary cultures are best seen as characteristics of social 'niches' we occupy on a daily basis, and in which we have to use specific cultural resources in order to be considered 'normal' and 'integrated' (Agha, 2007). Organisational culture comprises a wide range of social phenomena, including an organisation's customary language,



behaviour, beliefs, values and assumptions, all of which help to define an organisation's character and norms (Scott et al., 2003). Scott et al. (2003) argue that organisational culture denotes much more than "the way things are done around here". Rather, it determines *why* things are done in specific ways.

*To successfully engender change in organisational behaviour we need to understand the collective thought processes informing that behaviour at both conscious and unconscious levels. This is where a deeper analysis and understanding of organisational culture may be productive. (Scott et al., 2003, p. 926)*

Cameron and Quinn (1999) define 'organisational culture' as the most prominent values about how to conduct business and management, which have been gradually formed through organisational development. According to Schein (1985), organisational culture, which consists of a set of shared values, creates behavioural expectations directing its employees to behave in ways that are consistent with this culture. Cameron (2008) believes that in order to achieve organisational culture change, several steps must be put in motion: making clear which cultural aspects are desired and attainable; identifying examples; determining strategic initiatives; (re-)evaluating indicators of success; building consensus about the necessity of change; and developing leadership and/or frontrunners. An international organisational exchange could play a role in making these steps, considering the opportunities for reflection and more creative, innovative ways of thinking it offers those involved.

### 2.2.2 Organisational learning

When looking for literature on organisational change and organisational culture change, very often the concepts of "organisational learning" and "the learning organisation" emerge. Swieringa and Wierdsma (1990) laid the foundation for the concept of "the learning organisation" in the 1990s. They consider a learning organisation to be an organisation that continuously adapts itself to changes in the world and its clientele, through continuous, collective learning. The learning organisation is able to constantly question existing processes and systems and identify its desired position, in order to achieve sustained competitive advantage (Wang & Ahmed, 2003). The concept gained great popularity among entrepreneurs, managers, consultants and educators, and was soon used in vocational as well as academic management studies (Wierdsma & Swieringa, 2011). Wierdsma and Swieringa (2002) view an organisation as both a social construction, built up by people who collectively perform a specific function, and a system, in which its members function as separate elements. They assert that the extent to which people experience their organisation as a construction or as a system, determines what and how an organisation learns. They assert that if members experience their organisation as a system, their organisation will become more and more like a system or entity instead of a social construction. The continued existence of the organisation is perceived to be independent from the actions of its members,

and problems are believed to be related to the organisation instead of its members. According to the authors, such a rigid system exists in the “classic bureaucracy”. Such bureaucracies cannot learn very well, since they aim to create stability and uniformity. The bureaucratic organisation’s internal strategy is to develop a structure that is grouped by function and where tasks are divided into individually specialised activities as much as possible. According to Wierdsma and Swieringa (2011):

*In such a structure, the necessity for task-specific collaboration is reduced to a minimum, which also reduces the necessity to learn through inter-personal interaction.* (Wierdsma & Swieringa, 2011, p. 99)

Wierdsma and Swieringa (2011) consider learning to be a change in behaviour aimed at quality improvement, and believe that the more self-knowledge one has, the greater one’s ability to learn will be. They equate organisational learning to changing organisational behaviour, and consider this to be a collective learning process that occurs in and through interaction with different people within an organisation. Organisational behaviour can be seen as the ‘rules’ of an organisation. If the rules no longer lead to the desired results the necessity to learn, or to change the rules, arises. Wierdsma and Swieringa (2011) assert that conscious, constructive learning requires an explication of the rules, as well as a discussion about the visions and appraisals members have about those rules. In this way, the situation becomes transparent and offers opportunities to learn. This notion of explicating the ‘rules’ of the organisation can be compared to the previously discussed ideas in the literature on organisational culture, and how an understanding and explication of an organisation’s culture is necessary for successful organisational change to occur (Scott et al., 2003; Cameron, 2008).

The authors use the theoretical concept of single-loop and double-loop learning (Argyris & Schön, 1978): individual learning within the organisational norm is seen as single-loop learning, while the process where the organisational norm is collectively discussed is considered double-loop learning. Wierdsma and Swieringa (2011) believe that in the successful learning organisation, collective learning is done through multidisciplinary teams that share the ambition to solve a problem, and have the right mix of skills, involvement and functions:

*Perhaps the most important part of designing and leading a learning organisation is to compose teams that are so diverse that it creates the biggest chance of a good approach.* (Wierdsma & Swieringa, 2011, p. 127)

Wierdsma and Swieringa (2011) describe how discrepancies between the current and the desired situation prompt learning, and that learning processes are initiated through a shared idea about existing or expected possibilities for development. Like some of the previously discussed studies on international exchange effects (Cronin, 2015; Kirkpatrick

& Brown, 1999; Van 't Klooster, 2014; Arif et al., 2014), Wierdsma and Swieringa draw from experiential learning theory, in considering learning to be cyclical and related to experiences. The authors believe that the experiential learning cycle can also be applied to collective learning processes. They believe that self-awareness is crucial in both individual and collective learning. In collective learning there is a process of knowledge creation through interaction. They therefore believe that learning, and particularly gaining self-awareness, is only possible in interaction with others. Through the connection with others, one can discover one's own uniqueness and identity. As Wierdsma and Swieringa put it:

*The mirror that the other presents (...) provides information that complements and corrects your self-image. (...) A lot of research on creativity and innovative learning indicates that through reflection both individuals and groups can make a leap forward in their learning process (...) This requires the courage to stop seeing your own reality as reality. This requires the willingness to accept that there are multiple ways of looking at the same reality and different ways of creating meaning.* (Wierdsma & Swieringa, 2011, pp. 42-67)

They especially consider the input of an outsider important in the reflection phase, as an outsider can detect 'blind spots' as well as patterns in thinking and acting more easily than the person him- or herself.

According to Wijnalda (2006) the "learning organisation" is a concept mostly used in (change) management literature, while the concept of "organisational learning" is used more in academic, sociological literature. According to Wijnalda (2006), the management literature on the "learning organisation" is more prescriptive, aimed at giving advice or designing interventions, and considers only actual behavioural change as learning. The more academic, organisational learning literature is more descriptive in nature and also considers potential behavioural change as an outcome of learning. While learning in the learning organisation literature leads to creativity, innovation and improvement, learning in the organisational learning literature often leads to continuity and rigidity. However, both literature streams look at processes of change, and both use notions of single-, double-loop learning. Both literature streams mainly focus on learning itself, with as its outcome behaviour change of individuals within an organisation (Wijnalda, 2006).

Change management theory, such as that of the learning organisation, belongs to the rational-adaptive perspective, highlighting how organisational change is generated by the intentional actions of individuals (Fernandez & Rainey, 2006; Kickert, 2010). However, by focusing on the choices made by those involved in the change, such literature does not provide much detail as to how context affects change (Kuipers et al., 2014).

Theoretical models in both the literature on “the learning organisation” and “organisational learning theories” often use individual learning theories as a basis (Kim, 1993). However, according to Argyris and Schön (1978):

*Organisations are not merely collections of individuals, yet there are no organisations without such collections. Similarly, organisational learning is not merely individual learning, yet organisations learn only through the experience and actions of individuals. What, then (...) is an organisation that it may learn? (Argyris & Schön, 1978, p. 9)*

In Kim’s (1993) work on organisational learning, he emphasises the importance of distinguishing between individual and organisational learning:

*If a distinction between organisation and individual is not made explicit, a model of organisational learning will either obscure the actual learning process by ignoring the role of the individual (and anthropomorphising organisations) or become a simplistic extension of individual learning by glossing over organisational complexities. (Kim, 1993, p. 42)*

Kim therefore believes it is important to form a clear conceptual idea on the way individual development or learning within an organisation relates to organisational learning or development.

### 2.2.3 Implications from organisational change theories for the theoretical framework

From the literature on organisational change the following insights are useful when constructing a theoretical framework for explaining why and how international exchange leads to organisational change:

- *Self-awareness* is essential in both individual and collective learning, and is created through interaction with others who can act as mirrors (Wierdsma & Swieringa, 2011).
- In order for an organisation to successfully adapt to its changing environment, the underlying *culture* as well as the *desired culture* of an organisation need to be made explicit (Scott et al., 2003; Cameron, 2008; Wierdsma & Swieringa, 2011). Discrepancies between the current and the desired situation prompt learning (Wierdsma & Swieringa, 2011). An international exchange can be expected to create unique conditions for gaining insight into one’s own current culture as well as one’s desired culture.
- Organisational culture can be seen as a set of *shared values* (Schein, 1985).
- Problem-solving *teams* where members have diverse backgrounds and functions offer the best opportunity for successful collective learning (Wierdsma & Swieringa,

2011). In a theoretical model on organisational learning an element of collective learning needs to be included, as this is a feature of an organisational exchange, as opposed to a single individual's international learning experience.

- An *experiential learning cycle* is a useful model for understanding both successful individual learning, and collective learning (Wierdsma & Swieringa, 2011).
- However, using experiential learning theory alone may underrepresent the wider contextual factors of change (Kuipers et al., 2014). The *context*, and the clash of contexts which the international exchange creates, is the defining element of the international exchange. Naturally, the element of context needs to be included in any theory attempting to understand the effects of exchange.
- The relation between individual development or learning within an organisation and *organisational* learning or development needs to be conceptually clear (Kim, 1993).

In the following section I will explain how I used two existing theoretical models to complement the conclusions drawn from the international exchange effects and organisational change literature, in order to develop the theoretical framework for this study.

## 2.3 Building a theoretical framework

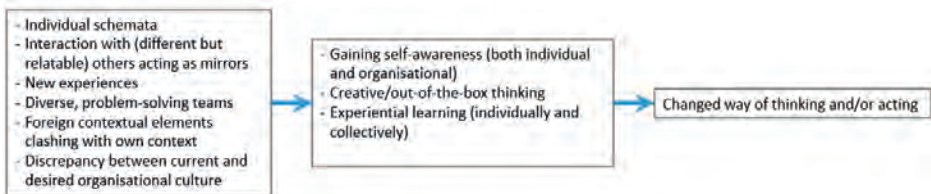
The conclusions drawn from the review of the literature on international exchange effects and the theoretical literature on organisational change overlap and complement each other to a great extent. I used several notions extracted from the two literature streams to serve as a basis for constructing a theoretical framework for analysing individual and organisational change through exchange for this study, namely gaining self-awareness, the experiential learning cycle, and contextual factors.

*Gaining self-awareness* is an important element in individual and organisational change. It includes explicating individuals' opinions, attitudes and practices, or schemata, (Van 't Klooster, 2014; Jacobs et al., 2014), and organisations' underlying current and desired culture (Scott et al., 2003; Cameron, 2008; Wierdsma & Swieringa, 2011). Self-awareness is created through *interaction with others* who can act as mirrors (Wierdsma & Swieringa, 2011) through a process of recognition of differences, which is particularly the case when these others are people living and operating in a different context (Jacobs et al., 2014; Van 't Klooster, 2014; Holmström, 2015), but where there is also a common ground connecting the participants and their contexts (Rehr et al., 1993). The exchange thus sets the conditions for self-awareness to be created. The international experience increases *creativity* (The Atlantic, 2015), which is likely to be important in combination with self-awareness, as it allows for new ideas and solutions to be created, and initiating new actions.

The concept of an *experiential learning cycle* is useful when trying to understand individual as well as collective learning processes (Wierdsma & Swieringa, 2011), especially in the context of an international exchange which offers many opportunities for experiential learning (Cronin, 2015; Kirkpatrick & Brown, 1999; Van 't Klooster, 2014; Arif et al., 2014). However, the relation between individual and collective or organisational learning needs to be conceptualised (Kim, 1993).

The wider *contextual factors* influencing organisational change need to be taken into account (Kuipers et al., 2014). When attempting to understand change, it is of the utmost importance to realise that real-life change never occurs in a vacuum. An individual or collective is influenced by context, which is multi-faceted and multi-layered. Besides being a part of different personal and social spheres outside work, an employee is part of a team, a location, an organisation, as well as a region and a country. Understanding what happens during an exchange, requires understanding the (possible) clash of contexts, which requires understanding what these contexts entail.

In Figure 2.1, these elements are translated in an initial theoretical model for organisational change as a result of international exchange. In the model, the *outcome* in terms of organisational change is referred to as “changed way of thinking and/or acting”, which may occur at different levels of an organisation, including the individual level.



**Figure 2.1** Initial theoretical model for change through exchange, based on literature review

Understanding why change occurs requires an understanding of the unique conditions for change related to exchange, which form the *input* for change through exchange. The characteristics, ways of thinking and acting of the participants, or *individual schemata*, determine to what extent and in which direction change is possible. An exchange then creates opportunities to *interact* with people representing a completely different, though in specific elements related, context. It also offers direct *new experiences* that can lead to a profound way of learning, namely experiential learning. At the same time, the two contexts in which the organisations are embedded define what happens within the exchange, as they set the stage for new experiences and are represented in the ways of thinking and acting of the participants. The *foreign context* will offer starting points for learning in the form of particular elements that clash with participants' own context. The participants' own organisational contexts will also continue to play an

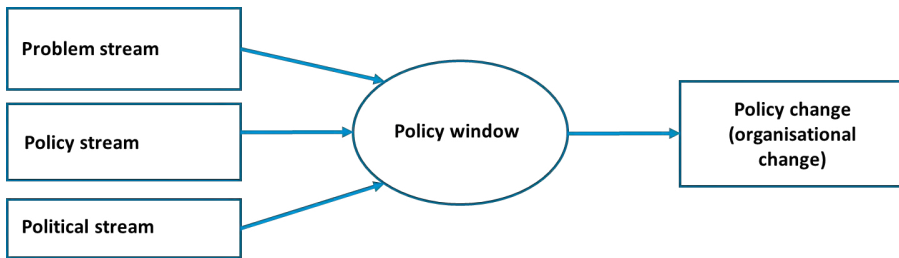
inseparable role, as changes that follow from the exchange will need to occur within that same context, thereby also influencing that context. Not only is the current culture within one's organisation important, but also the ideas existing within one's organisation concerning the desired changes. The *discrepancy* between the current and desired organisational culture especially reveals to what extent individuals within an organisation are content with the status quo, and indicate to what extent and in which direction they wish to see changes.

The question how organisational change occurs when the conditions for change are established through an exchange refers to the *process* of change. From the literature, the notions of gaining self-awareness of one's own schemata or culture, in combination with increased *creative*, out-of-the-box thinking, and *experiential learning* have proven useful initial theoretical building blocks for understanding the process of both organisational change and individual change as a result of exchange.

### 2.3.1 Conditions for change: Kingdon's multiple streams model

While individual and organisational learning models attempt to capture the process of learning, the actual instigators or catalysts for learning are not included in these models, nor are the wider contextual factors influencing this process. In this study, the international exchange is viewed as this catalyst for learning and is thus essential in a theoretical framework attempting to understand the relation between exchange and change. Besides the conditions of the exchange, the description and understanding of the context for change is often underrepresented in studies using a change management approach (Kuipers et al., 2014). In order to conceptualise how an exchange may create conditions for starting a process of organisational change, this study will draw from John Kingdon's (1984) "multiple-streams model". In Kingdon's (1984) *Agendas, Alternatives and Public Policies*, he develops his version of the multiple-streams model, which became one of the popular models used for understanding policy processes (Rawat & Morris, 2016).

Kingdon identifies three kinds of processes or streams that are important in policy formulation; namely the problem, policy and political stream. Kingdon's multiple-streams model is shown in figure 2.2.



**Figure 2.2** Kingdon's (1984) multiple-streams model

The problem stream involves problem identification and recognition, the proposal or policy stream consists of alternatives and proposals to solve the problem, and the political stream consist of the context in which this all takes place: i.e. the attitude and ideology of both the public and the community decision makers (Gregg, Miller, & Tennant, 2018). When the three streams converge, a window of opportunity for policy change arises. Kingdon calls this window of opportunity a “policy window”.

According to Buskens & Van Reisen (2017), when the three streams converge,

*... an opportunity arises, a window which usually opens unexpectedly and closes within a relatively short given time. During the window new ideas can enter onto the policy agenda. (...) The policy window can be understood as a moment in time where social paradigms shift and consequentially new definitions of what the world is, how it functions and what its problems are, can be framed and discovered.* (Buskens & Van Reisen 2017, p. 9)

The three streams are represented through participants. These may be related to more than one stream, but are usually specialised in one of the three streams. For example, executives will be more involved in the political stream, while researchers and consultants are more involved in the policy stream (Rawat & Morris, 2016).

### Policy entrepreneurs

In Kingdon's theory of policy change, the term “policy entrepreneurs” is first introduced. These are individuals that act as change agents in a particular context, by taking advantage of policy windows to promote policy change (Mintrom & Norman, 2009). In Kingdon's theory, the three streams flow independently from each other, until a window of opportunity presents itself, through the facilitation of a so-called “policy entrepreneur” (Gregg, Miller, & Tennant, 2018):

*[The three] streams, all flowing independently with a life of their own and driven by differing forces, are coupled by policy entrepreneurs at critical points in time in*



*an effort to influence agenda setting and advocate policy alternatives.* (Galligan & Burgess, 2005, p. 3)

**Policy entrepreneurs play a key role in policy change, as they:**

1. Helps to define a problem (*problem stream*);
2. Helps to understand the political climate related to the problem (*political stream*);
3. Helps to address the problem (*policy stream*) through building teams and providing leadership (Mintrom & Norman, 2009; Gregg, Miller, & Tennant, 2018).

Firstly, through a policy entrepreneur's ability to notice and define a problem, community insight is created. Problem definition can, for example, involve presenting evidence of the existence of a problem (Mintrom & Norman, 2009). Secondly, a similar perceptiveness of the attitudes and ideology of decision-makers (*political stream*) is necessary, in order to understand the political context in which a change is to take place. Thirdly, policy entrepreneurs help to address the problem through building teams and leading by example (Mintrom & Norman, 2009). According to Mintrom and Norman (2009), rather than propagating their ideas alone, the policy entrepreneur's real strength comes from their ability to work effectively with others:

*It is common to find policy entrepreneurs operating with a tight-knit team composed of individuals with different knowledge and skills, who are able to offer mutual support in the pursuit of change.* (Mintrom & Norman, 2009, p. 653)

Through working with others, policy entrepreneurs can take an idea and turn it into action, demonstrating the feasibility of their policy alternative through leading by example. This increases credibility for their idea among others, including decision makers (Mintrom & Norman, 2009).

Kingdon noted that policy entrepreneurs can be in any type of position, but their defining characteristic is that they are "*advocates who are willing to invest their resources - time, energy, reputation, money - to promote a position in return for anticipated future gain in the form of material, purposive or solidary benefits*" (Kingdon, 1995, p. 122). They use such personal qualities as persuasion, negotiation, connections, authority, expertise, and ability to speak for others to bring the three stream together (Rawat & Morris, 2016).

**Application**

Kingdon's multiple-streams framework has been used in various studies across the world since it was first published in 1984, and has been applied to a wide variety of policy fields, including the health sector, and is mainly used in case studies (Rawat & Morris, 2016). Researchers have used the model to explain existing policies but also

to explore the potential of developing future policies. For example, Van Herk et al. (2011) used Kingdon's framework to develop a social learning framework to enable development, exchange, and application of knowledge in urban planning. While Kingdon's theory is usually applied within political realities, the concept can also be applied to changes within smaller-scale social units, and even to an individual level (Buskens & Van Reisen, 2017). When it comes to health studies, Kingdon's framework was found to be useful in organising descriptive data for policy analysis, to analyse agenda setting and the emergence of windows of opportunity, and to provide examples of stakeholder participation and their actions (Rawat & Morris, 2016).

*Kingdon's model, despite its policy focus, brings about the dynamics of independent streams that partially interact with each other (...) and facilitates the ability to distinguish critical moments (opportunities) from critical junctures (opportunities that are grasped).* (Rawat & Morris, 2016, p. 620)

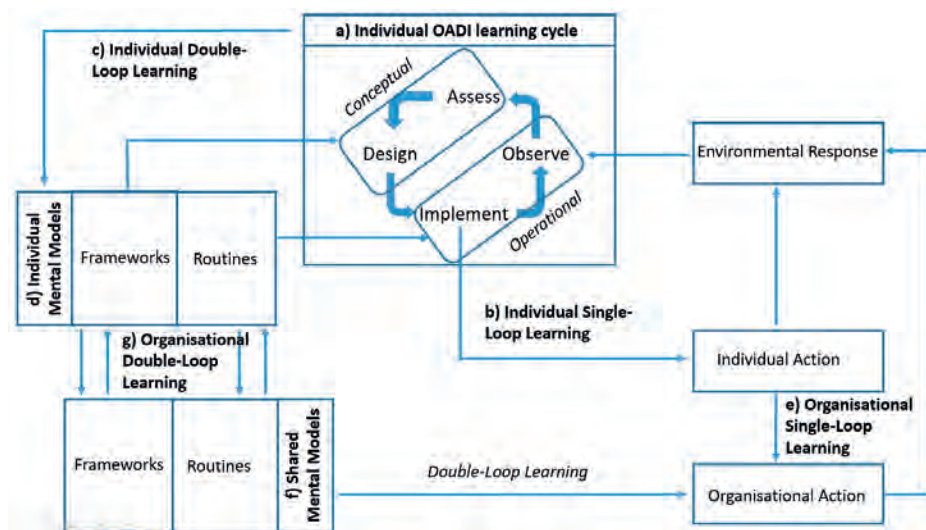
The role of policy entrepreneur in influencing the policy process has often been the subject of previous study as well, although health care professionals have not yet been considered in this sense (Gregg, Miller, & Tennant, 2018). Gregg, Miller and Tennant (2018) do see a possible role as policy entrepreneur for nurses, as they possess the ability for assessment, people skills, and leadership capabilities. Furthermore, due to the perception of honesty and ethics being associated with nurses, they *"have untapped influence to expedite public and political trust"* (Gregg, Miller, & Tennant, 2018).

In this study Kingdon's (1984) multiple-streams framework will be used to understand how an international exchange can initiate a change in individuals' or a group of individuals' way of thinking and acting, by using the concepts of "opening of a policy window", as well as the "problem", the "policy", the "political stream" and "policy entrepreneurs". In the case of an international exchange, Kingdon's (1984) multiple streams model may, for example, help explain whether the cultural confrontation reveals problems in the own setting (*problem stream*), whether a solution can be thought of considering the different practices and values that are perceivable and the open-mindedness this may create (*policy stream*), and whether a conducive environment develops where such changes can actually take place (*political stream*). The latter relying on the rules and regulations of the organisation itself, but also on the acceptance of co-workers and the larger social environment, which again may be influenced by an exchange. Lastly, participants of an exchange, or other individuals inspired by the exchange, may become important change agents, or *policy entrepreneurs*, that can play a role in initiating or facilitating change: the exchange possibly making individuals more prone and better equipped to become policy entrepreneurs.

### 2.3.2 Process of change: Kim's integrated model of organisational learning

From both the international exchange and the organisational change literature, it became apparent that the concepts of experiential learning and the experiential learning cycle, and the concept of schemata and cultures were useful when trying to understand both individual and organisational change. However, as Kim (1993) pointed out, the relation between individual and organisational learning is often not explicated in theoretical models describing organisational change, thereby ignoring the reality of how an organisation, as a collective of individuals, functions and develops. As this study on international exchange is unique in focusing on change on a higher level than the individual level alone, it is important that this criticism is taken into account. For this reason, I will use a model proposed by Kim himself, which incorporates both experiential learning theory and the theoretical concept of "Mental Models" which closely resembles schema theory.

Figure 2.3 shows Kim's (1993) Observe Assess Design Implement Shared Mental Model (OADI-SMM).



**Figure 2.3.** Kim's OADI-SMM (1993) model of organisational learning

In his OADI-SMM model, Kim (1993) incorporates organisational learning as well as individual learning. In Kim's work, organisational learning is defined as "*increasing an organisation's capacity to take effective action*" (Kim, 1993, p. 43). Kim's (1993) model integrates different widely used concepts and theories of learning, including an experiential learning cycle (Kofman, 1992, as cited in: Kim, 1993) to describe individual

learning, single- and double-loop learning (e.g. Argyris, 1976) to describe both individual and organisational learning, and mental models (e.g. Senge, 1990).

In Kim's model, learning on an individual level occurs according to Kofman's (1992, as cited in: Kim, 1993) experiential learning cycle. Kofman's version of the experiential learning cycle preserves the relevant features of other experiential learning cycles (e.g. from Kolb, 1984 or Argyris & Schön, 1978), but the terms have clearer connections to activities undertaken in an organisational context (Kim, 1993). In Kim's Individual OADI learning cycle (see a in figure 2.3), individuals observe (O) stimuli in the environment, assess (A) them, design (D) actions and implement (I) these actions, after which a new cycle can begin. The assessment and design steps involve a more conceptual level of learning, while the implementation and observation steps involve a more operational level of learning.

Kim's OADI-SMM model also incorporates Argyris and Schön's (1978) concept of single-loop and double-loop learning. Single-loop learning (see b and e in figure 2.3) refers to a trial-and-error type of making adjustments to actions. It involves only the operational level of learning, where an individual or organisation tries out a strategy for action, observes the results and immediately tries a new strategy, until the result is in line with an expected or desired outcome. Individual double-loop learning (see c in figure 2.3), however, includes a shift in understanding, and involves changes in individual mental models.

According to Kim, mental models are the thought constructs that affect how people and organisations operate in the world. Mental models are comparable to the earlier described schemata used in schema theory, which has been used to describe learning processes as a result of international experiences (Van 't Klooster, 2014). Both schemata and mental models are cognitive structures that link concepts and represent relationships among those concepts (Busselle, 2017). Kim distinguishes an operational (know-how) level of learning related to changing *routines*, and a conceptual (know-why) level of learning related to changing *frameworks* (see a and d in figure 2.3), which lead to new ways of looking at the world:

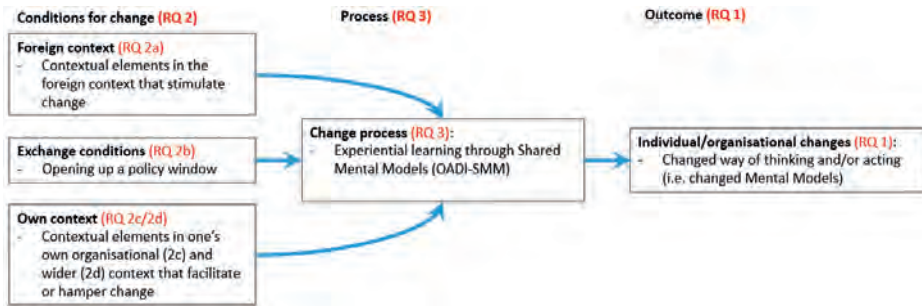
*The mental models in individual's heads are where a vast majority of an organisation's knowledge (both know-how and know-why) lies (...). The intangible and often invisible assets of an organisation reside in individual mental models that collectively contribute to the shared mental models. The shared mental models are what make the rest of the organisational memory usable. Without these mental models, which include all the subtle interconnections that have been developed among the various members, an organisation will be incapacitated in both learning and action. (Kim, 1993, pp. 44-45)*

In Kim's model, organisational double-loop learning (see g in figure 2.3) occurs when Individual Mental Models become incorporated into the organisation through Shared Mental Models (see f in figure 2.3), which can then affect organisational action. Kim (1993) believes that making individual mental models explicit can accelerate individual learning. Similarly, organisational double-loop learning involves explicating and challenging deep-rooted assumptions and norms of an organisation (Kim, 1993). Kim asserts that to rise above the fragmented learning of individuals and spread learning throughout an organisation, "micro-worlds" or "learning laboratories" can be designed, where everyone's mental models are explicated and tested through active experimentation and inquiry (Senge, 1990; Kim, 1990). These learning laboratories are comparable to the idea brought forward by Wierdsma and Swieringa (2011) that organisational change can be best be initiated through diverse, problem-solving teams. In this study, an exchange utilises precisely such diverse teams, which can be viewed to function as "learning laboratories".

### 2.3.3 Final theoretical framework

The theoretical framework for this study incorporates Kim's (1993) and Kingdon's (1984) theoretical models. Kim's model can be especially valuable in explaining the *process* of organisational change through exchange, i.e. the "how" question, by determining whether, where and how in the learning process self-awareness is created and whether and how this leads to individual or collective changes. It also leaves room for potentially revealing and explaining other types of changes. Although the model takes the observation of external stimuli as a starting point, it does not offer a clear conceptualisation of the wider context and *conditions* related to the international exchange experience driving the process of learning. A combination with Kingdon's (1984) multiple streams model is therefore proposed, as Kingdon's model is precisely designed to explain and understand the *conditions* for change. These conditions include the specific exchange conditions which acts as a lever for a policy window to open up by bringing all the influential streams together.

In figure 2.4 the initial theoretical framework based on the literature review is complemented with Kingdon's concept of a policy window and Kim's OADI-SMM model.



**Figure 2.4.** Final theoretical model for change through exchange, based on literature review, Kingdon's (1984) policy window concept and Kim's (1993) OADI-SMM model

2

The theoretical framework proposes that an exchange can function as a policy window in the way it was conceptualised by Kingdon (1984), in providing such conditions that open up a policy window. Furthermore, it proposes that Kim's (1993) OADI-SMM model explains the process from an exchange taking place to a changed way of thinking and/or acting (or *frameworks* and *routines* making up Mental Models), which may be at the individual or collective level. The foreign context forms the possible triggers for change for the *visiting* exchange participants. Kingdon's (1984) multiple-streams framework can be used in this respect to understand how foreign contextual elements influence the problem or policy stream, i.e. the visiting participants' ability to perceive and define problems in their own organisational context, and their ability to come up with alternatives or solutions. Kingdon's theory can also be highly valuable in conceptualising the participants' own context, in terms of the existing problem, policy and political stream within the organisation and its wider, national, context. A thorough understanding of these three streams existing at the time of the exchange is necessary to be able to identify likely areas where change can take place, as well as to place actual, observed, change as a result of exchange within its proper context.

## 2.4 Linking the findings from literature to the research questions

The literature discussed in this chapter already provides part of the answers to the research questions. In this section I will discuss the relevant findings pertaining to each of the research questions. My first research question, *what are the individual and organisational changes resulting from international exchange*, can partly be answered on the basis of existing literature. Many examples of *individual development* can be found, including the development of participants' personal, professional and cultural competencies. However, changes on a group or organisational level have not yet been described.

My second research question was subdivided into four sub-research questions, namely: *what are the foreign contextual factors (RQ 2a), the exchange conditions (RQ 2b), the organisational conditions (RQ 2c) and the wider contextual conditions (RQ 2d) that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?* In the literature on international exchange, the *foreign context* is often mentioned as providing the catalyst for change, as individuals are confronted with different opinions, attitudes and practices. *Exchange conditions* that facilitate individual change were found to be experiencing the foreign context, having some similarities with the people one interacts with (such as language), interaction with local people, not too short of a stay abroad, and an active role and responsibility for the participants during the exchange process. From the literature on organisational change it can be deduced that diverse, problem-solving teams are most effective when aiming for collective learning and change. No previous studies have specifically looked at participants' *own* organisational or contextual conditions hampering or facilitating individual or organisational change as a result of international exchange (RQ 2C and 2D). Still, the literature provides a direction in which these conditions may be studied effectively: Kingdon's (1984) multiple-streams theory provides a useful model to study contextual conditions for organisational change as a result of international exchange. Conceptually separating the problem, policy and political streams within each case, and examining what it takes for these streams to merge, is expected to help understand what it takes for international exchange to lead to organisational change.

My third research question is: *what does the process of individual and organisational change resulting from international exchange look like, and to what extent can Kim's OADI-SMM model help in understanding this process?* In the literature on international exchange different elements can be found that may form part of the explanation of how change occurs as a result of international exchange. Most importantly, differences in opinions, attitudes and practices create a 'culture shock' or 'mental conflict', which in turn spurs individual reflection. The opinions, attitudes and practices belonging to each context that may or may not clash, can also be seen as organisational culture, which in turn, can also be conceptualised as Mental Models (Kim, 1993). One of the often returning concepts from the literature is *experiential learning*, which is often described as forming the best means of individual and collective development. Both individual and collective learning is achieved through a process of reflection increasing self-awareness, mostly created through the interaction with others. An international exchange creates an environment that facilitates change, as it can provide many opportunities for experiential learning and interaction with others. Possibly, it is the combination between reflection *and* an increase in creativity, which are both results of the international experience, that leads to individual change. From the organisational change literature, the OADI-SMM model (Kim, 1993) offers a good framework through



which this change process can be further examined, as it combines many elements that have been found to be useful in previous studies on organisational change. The question remains to what extent this model is sufficient to capture the process of change as a result of exchange.

## 2.5 Conclusions

The aim of this chapter was to reveal current gaps in knowledge concerning organisational change as a result of international exchange, and to use relevant literature to construct a theoretical framework designed to help fill these knowledge gaps.

Literature on international exchange reveals a number of knowledge gaps when it comes to understanding effects of international exchanges. Firstly, only very few studies use theoretical frameworks to understand why and how international exchange leads to development on an individual level. The studies that do use a theoretical basis only focus on individual development of social or cultural competencies. Secondly, hardly any studies specifically look at or attempt to explain organisational level effects of international exchange. Thirdly, although the found studies discuss international exchange, they only look at effects of going abroad. Virtually no studies were found that look at experiences and effects of hosting visitors in the own context. Only in international social worker exchanges there seems to be a principle of equality, and indeed the expectation of mutual learning (e.g. Meyer, 2015). Finally, no previous literature on international exchanges in the community-based or facility-based (elderly) care sector was found. Since there are hardly any publications on organisational exchanges and their effects on an organisational level, I have identified useful elements from literature on organisational change, organisational culture change, “organisational learning” or “the learning organisation”, and policy change, in order to complement the findings from the international exchange effects literature. This resulted in the construction of a theoretical framework that aims to explain changed ways of thinking and/or acting resulting from international exchange, by proposing that an exchange can be seen as an intervention that creates a policy window, such as proposed by Kingdon (1984), which causes a process of individual and organisational learning through Shared Mental Models, such as proposed by Kim (1993).

My theoretical framework proposes that an international exchange creates conditions that put a process of change in motion, which can result in individual and organisational change. The international exchange creates an opportunity (or policy window) for people from one organisational culture, with its own set of shared values and practices, to experience another (organisational) culture. The confrontation with a different (organisational) culture can trigger a process of change, which includes reflection,



increased self-awareness, and increased creativity or out-of-the-box thinking. The visiting exchange participants' *own* context plays a role in determining their Mental Models going into the exchange, thereby influencing which foreign aspects will be noticed as being different from what is known. The visiting participants' own context will also continue playing a role in determining the possibilities for individual, and especially organisational change to take place as a result of the exchange.

In this study I will use the concepts of Individual and Shared Mental Models (Kim, 1993) to describe individual and collective change outcomes. In this way, both changes in ways of thinking *and* ways of acting are included, in both individuals *and* groups. Notions of the problem, policy and political streams from Kingdon (1984) will be used to uncover the existing ideas within an organisation and its wider national context, and under which conditions these ideas translate into organisational change. The concepts of Individual and Shared Mental Models (Kim, 1993) will also be employed to describe participants' own organisational cultural context. These refer to the individual and collective opinions, attitudes and practices that can be found within participants' own organisation, which are likely to influence the participants' and the organisation's ability and willingness to change. Particularly, *discrepancies* between the current and the desired organisational culture can pave the way for changes to take place that are more in line with the desired organisational culture, or indeed hamper change when it is not in line with the desired culture. Finally, Kim's (1993) theory of experiential learning through Shared Mental Models will be used to understand the steps involved in the process of change resulting from international exchange.

The following chapter will turn to the choice of research strategy and methods used to produce the data necessary to study change resulting from international exchange.







Methods

This study sets out to create a deeper, and theoretically based, understanding of how and why a mutual international exchange leads to individual and organisational change in the care sector. This chapter will first describe the research design and research methods used in this study to answer these questions. It will then go on to describe the selection of cases and participants, how the intervention was designed, which procedures for data collection were followed, how the data collection tools were developed, and how the data was analysed. The chapter will finally discuss the trustworthiness of the study.

### 3.1 Research design

#### 3.1.1 The case study

##### **Choosing the case study as research design**

Before choosing any research design or methodology, three conditions should be considered: (1) the type of research questions posed, (2) the extent of control a researcher has over actual behavioural events, and (3) the degree of focus on contemporary as opposed to historical events (Yin, 1994). A common way to assess the type of research question is to consider if it is a “who”, “what”, “where”, “how” or a “why” question. In general, “what” questions may either be exploratory or about the prevalence of a certain phenomenon. The latter typically uses a survey or archival record search design. “How” and “why” questions, on the other hand, deal with operational links, rather than mere frequencies or incidence of certain phenomena, and favour the use of case studies, experiments, or histories (Yin, 1994). The second condition which helps the researcher choose an adequate research strategy is the extent of the researcher’s control over and access to actual behavioural events. Histories are preferred if no access or control can be exercised, and experiments are favoured when the researcher can exert direct and precise control. The case study is preferred when contemporary events are studied rather than historical events, but when the relevant behaviours cannot be manipulated (Yin, 1994). A case study scientifically investigates a current, real-life phenomenon, in-depth and within its context. In fact, the context is part of the investigation, as the boundaries between phenomenon and context are not clearly evident and the contextual conditions may be very relevant to the phenomenon under study (Ridder, 2017; Yin, 1994). The case study is preferred over the use of surveys in studying phenomena where context may be an important variable, as a survey’s ability to investigate context is extremely limited (Yin, 1994). A case in a case study can be an individual, group, organisation, event, problem, anomaly, decision, programme, implementation process, or organisational change (Burawoy, 2009; Yin, 1994).

According to Yin (1994), a major strength of the case study is that it allows the researcher to understand the problem, the nature and complexity of the process taking

place. Case studies are believed to provide the best understanding of phenomena regarding concrete context-dependent knowledge (Bhattacharjee, 2012). The case study is particularly appropriate for studying complex organisational processes that involve multiple participants and interacting sequences of events, such as organisational change, and a phenomenon of interest can be studied from the perspective of multiple participants and using multiple levels of analysis, such as individual and organisational levels (Bhattacharjee, 2012).

The current study focuses on explaining the complex phenomenon of organisational change through international exchange between care organisations. The study looks at both individual and organisational level changes within an organisation, using “why” and “how” type of research questions. While the exchange is initiated by the researchers, what happens during the exchange, particularly in terms of the content of interactions between participants, is largely out of the control of the researchers. Furthermore, the context of the phenomenon under study is expected to have an influence on its process and outcomes. The societal and organisational context, including the similarities and differences between the two contexts involved in the exchange, is in fact an important variable in the current study. For these reasons, a case study design is deemed the appropriate choice when researching the topic under investigation.

### **‘Gaps and holes’ case study design**

The case study has been an essential form of research in the social sciences, and has been used extensively in research within organisations (Barrett & Walsham, 2004). For example, case studies are used in evaluation research, most importantly to explain causal links in real-life interventions that are too complex to be studied using experimental strategies (Yin, 1994). Case study research incorporates different scientific goals and different means of collecting and analysing data (Ridder, 2017). In a literature study by Ridder (2017), different case study designs are compared in order to analyse their contributions to theory. The author describes the contribution of different case study designs along a “theory-continuum”, with the different case study designs aiming to be more theory-building, theory-development or theory-testing. A case study aimed at theory-building is often used when a phenomenon is new or not understood, and no theory to explain the phenomenon exist. Under such conditions, case studies can provide a starting point for building theory, through providing rich descriptions of new or surprising empirical phenomena, and through eliciting constructs, concepts or relationships from these data (Ridder, 2017). For example, the “No Theory First” case study research design is a classic and often cited candidate for building theory (Ridder, 2017). In such a case study design, there is a broad and tentative research question and any preconceptions regarding relationships are avoided (Ridder, 2017). In theory-development, new antecedents, moderators, mediators and outcomes are investigated, thereby enhancing the explanatory power of existing, tentative theories (Ridder, 2017). Unlike theory-development, theory-testing implies more precise



measures, variables and predicted relationships (Gilbert & Christensen, 2005) aimed at refuting or supporting an existing theory.

Ridder's (2017) analysis shows that the idea that case study research is only useful for building theory, and quantitative research is only useful for testing theories is oversimplified. As Welch et al. (2011) also conclude:

*The widespread assumption that the role of the case study lies only in the exploratory, theory-building phase of research downplays its potential to propose causal mechanisms and linkages, and test existing theories.* (Welch et al., 2011, p. 755)

For example, through studying the effects of interventions through case studies, describing the intervention, as well as the context, social processes, and effects of the intervention,

*the researcher develops an idea of how (what social processes) and why (what key variables trigger the appropriate social processes) these interventions work in general (theory). This theory will then indicate what version(s) or which elements of an intervention (...) have (what) effects (...) and informs on the practical applicability of an intervention as well as the expected improvement in the effect of variables, in specific settings.* (Van Reisen et al. 2018, p. 40)

The case study design that Ridder (2017) calls "Gaps and Holes" aims at specifying gaps or holes in existing theory with the ultimate goal of advancing existing theoretical explanation, thus theory-development. According to Ridder (2017), the particular strength of the "Gaps and Holes" case study design lies in its ability to uncover mechanisms in a specific context, which can reveal causes and effects more precisely. In order to do this, new elements, relationships and mechanisms related to the tentative theory need to be evaluated. A well-known and often used and cited template for the "Gaps and Holes" case study research design is the method-orientated handbook by Yin (1994). This book is regarded by many scholars as the best primary source for case study research (Wargo, 2014). Yin (1994) believes that even though some consider case studies as only appropriate for the exploratory phase of research, case studies are far from being only an exploratory strategy. According to Yin (1994), even a single-case study can often be used to serve an explanatory, and not merely an exploratory or descriptive purpose. In Yin's design, existing theory is the starting point of case study research (Ridder, 2017). Research questions are identified using literature to narrow the interest in a specific topic, and theoretical propositions or frameworks provide direction, reflect the theoretical perspective, and guide the search for relevant evidence (Ridder, 2017). Since the theoretical starting points for our study are Kim's (1993) and

Kingdon's (1984) theoretical models, the theory-developing "Gaps and Holes" case study design is the most appropriate for this study.

### **Multiple-case design**

According to Ridder (2017), classical case studies use single cases, that are studied and described in-depth, and aim to reveal insight into the single case and through this insight, elaborate new theories. Through such single case studies, constructs and relationships, and deeper causes of a phenomenon can be revealed within specific settings. The single case study data can lead to the identification of patterns and relationships, thereby creating, extending or testing theories (Gomm et al., 2000). Case study designs using multiple cases can particularly contribute to theory-development, through comparison between cases. Comparison in cross-case analysis can reveal similarities and differences that affect findings differently. In order to compare identified mechanisms, eventually leading to theoretical conclusions, each case needs to be analysed as a single case on its own (Vaughan, 1992). The advantage of using a multiple-case design is that the evidence is often considered more convincing (Herriott & Firestone, 1983). However, Yin (1994) believes that every case should serve a specific purpose within the overall study: a case within a study should either be chosen due to the expectation of it producing similar results as the other case(s) in the study (literal replication) or when it is predicted to produce contrasting results given the chosen theoretical framework (theoretical replication). In the case of literal replication, the conditions under which the studied phenomenon occurs can be studied. In the case of theoretical replication, the conditions under which the studied phenomenon does not occur, can be studied.

The current study will essentially use a multiple-case design, as similarities and differences in conditions determining the effects of international exchanges will be better able to develop the chosen theoretical framework than a single case design could. The cases are chosen with the expectation of producing similar results rather than contrasting ones, and should therefore be considered to strive for literal replication. However, since the research possibilities were not unlimited given the available time and budget, the choice for cases had to be both strategic in terms of the cases' expected theoretical contribution to the study, as well as their practical feasibility.

The first research activity of this study consisted of interviewing participants of former international work visits made by SZMK, and was partly set up to produce input for comparison between the two main cases under investigation, and inform decisions concerning the design of the bi-directional exchange between Malawi and Netherlands which was to be set up and studied in-depth. Although these interviews form single sources of information on several different work visits, they can be considered as a first, exploratory, "case" in this study. The first case then being the changes within the Dutch elderly care organisation SZMK in the period from the time of the former international



work visits to Denmark and the United States until the time of the interviews with its participants.

In the current study, time and budget allowed for the organisation and in-depth study of one bi-directional international exchange between two care organisations. As the change processes in *both* involved organisations were studied, these are considered two additional separate “cases”. One “case” focusing on changes within *one* organisation. In this study, the second and third case are both the Dutch elderly care organisation SZMK and the Catholic Health Commission of the Archdiocese Blantyre in Malawi from the time of the exchange until the time of the interviews with its participants. Although it is clear that the two cases are strongly intertwined, since the area under investigation concerns the changes *within* an organisation as a result of the exchange, the two should be considered as separate cases.

Each of these three cases has its particular societal and organisational context and its own group dynamic, which has to be considered separately. Due to limitations in time, resources and possibilities, richer and more diverse data could be gathered for the second case (changes within SZMK as a result of the Malawi-Netherlands exchange) than for the other two cases. However, both the interrelation and the discrepancy in amount and diversity of data between cases need not be a problem in my research design. My purpose to study the process and conditions for change through exchange, including comparing findings between cases, does not require cases to be completely independent or studied using the exact same methods. As long as each case is studied independently, overlap and differences between the cases’ findings may offer as valuable insights and answers to my research questions as three completely independent cases could. In fact, the overlap in some factors may even make comparison between cases more valid and interesting, as differences in outcomes should then be attributed to other factors.

### **Variety of methods**

According to Yin (1994), the case study deals with the technically unique situation in which there are many more variables of interest than data points:

*The case study relies on multiple sources of evidence, with data needing to converge in a triangulating fashion (...) It benefits from the prior development of theoretical propositions to guide data collection and analysis. (Yin, 1994, p. 13)*

Case studies can be based on any mix of quantitative and qualitative evidence (including incorporating either completely quantitative or qualitative methods), giving the case study a unique ability to deal with a variety of evidence (Yin, 1994). A case study typically incorporates such research techniques as direct observation and systematic interviewing (Yin, 1994). Both in within-case, as across-case analyses, the emphasis in case study research is on interviews, archives, and (participant) observation (Flick, 2009).

Although qualitative data are usually preferred in case study designs, quantitative data are seen as a possible opportunity to strengthen cases (Ridder, 2017). The triangulation of data, which is common in case study research, results in detailed case descriptions (Ridder, 2016).

My study uses several qualitative and quantitative methods, with the aim to triangulate data in order to be able to answer the research questions. The three cases are studied using several different methods, incorporating different sources.

### 3.1.2 Elements of Action Research in the research process

As this study involves an organisational intervention that is initiated, shaped and organised in a collaborative process with members of the involved organisations, with the intent to further organisational development, it shares some elements with Action Research. Action Research has been widely viewed to be pioneered by Kurt Lewin in the 1940s (Tekin & Kotaman, 2013). This type of research is done through an interactive process of inquiry in a collaborative context, and aims to understand underlying causes enabling future predictions about personal and organisational change (Reason & Bradbury, 2001). In Action Research, participants are equal partners in research and have the right to join in the preparation and improvement process of programmes. It therefore involves close collaboration between researcher and practitioners (Gray, 2014; Tekin & Kotaman, 2013; Boog, Slagter, Jacobs-Moonen, & Meijering, 2005). There is a longstanding tradition of Action Research in organisational settings which aims to contribute to more effective work practices and a better understanding of the processes of organisational change (Reason & McArdle, 2008).

As is the case in Action Research, my study forms a combination between research and intervention in real-life practice (Boog et al., 2005), gaining valuable information for researcher, participants and commissioning partner. The research was aimed at facilitating organisational development, empowering individuals belonging to the organisation in its process. Close collaboration with key partners in the organisation throughout the research process was meant to ensure that the research remained relevant and viable for the organisation. Instead of a purely objective outsider measuring certain aspects of the organisation, I worked alongside members of the organisation to learn jointly as the research developed in directions that were aimed to be beneficial for all parties involved.

## 3.2 Selection of cases

Contrary to quantitative reasoning, where study subjects are chosen for their representativeness with regard to a general population, it is typical in case study research to choose a case because it is a case of interest or for theoretical reasons

(Eisenhardt & Graebner, 2007). In choosing a case for a case study there is no question of randomness in sampling, because there is no sample representing a larger population (Ridder, 2017). Instead, cases are chosen on the basis of the likelihood that they offer insights into the phenomenon of interest. This so-called “theoretical sampling” is considered appropriate for clarifying and developing constructs and identifying relationships for the phenomenon under investigation (Eisenhardt & Graebner, 2007). In the “Gaps and Holes” case study design, sampling is very much focused on the purpose of the case study (Ridder, 2017). In the current study, our three cases offered promising possibilities for studying the phenomenon under investigation, based on both theoretical and practical grounds.

### 3.2.1 Selection of Stichting Zorgcombinatie Marga Klompé

In 2012, the Dutch elderly care organisation Stichting Zorgcombinatie Marga Klompé (SZMK) asked Tilburg University to cooperate in research on the possibilities of circular migration programmes for health workers from Africa, in order to anticipate future health labour shortages due to ageing. A joint research programme was set up with the international development organisation Cordaid for this purpose.

Although SZMK presents a very suitable case for this study given the theoretical framework, the word “selection” is actually not appropriate here. After all, the starting point of the study was the decision by the organisation itself to be involved in research on the topic of international exchange of health workers. At the onset of this study in May 2013, the research partners SZMK and Cordaid had established that there was going to be a form of health worker exchange between the SZMK and an African counterpart. However, no specific goals or research questions were developed yet. In order to get a feel for the organisation and develop an idea on the do’s and don’ts concerning international exchanges in the setting of an elderly care organisation, the exploratory retrospective interviews were held among participants of previous exchanges that were held in the previous decades to Denmark and the United States.

As the exploratory study showed, due to the drastic changes in the formal care structure in the Netherlands at that time, issues of labour shortages and possible care migration were no longer (high) on the agenda of SZMK’s management. The largest perceived problem within the SZMK was related to these changes, as it led to the felt necessity for the organisation to change its way of working, including its internal culture. However, how to go about such a culture change was one of the biggest challenges. By that time, this problem could be ever more widely heard in the media and other public fora within and surrounding the (elderly) care sector. I then decided that organisational culture change would be the main focus of the study, and that the main premise of the research would be to investigate whether and how international exchange could be used as an intervention to achieve culture change within an organisation.

As mentioned, two researchers of Tilburg University, Johan van Rixtel and myself, were affiliated with the research programme, and both intended to use the exchange in which the SZMK would participate as a basis for their individual studies. In order to ensure feasibility and relevance for the organisation, we first set up a project group at SZMK, which consisted of two members of SZMK's Management Team and an in-house coach and trainer for coordinating staff. All three project group members from SZMK had previous experience with international work visits for SZMK. In addition, an advisory group was set up consisting of two of SZMK's project group members and two key figures from the Suva Nawa foundation, which has unique experience with providing trainings in elderly care in Namibia. Both project group and advisory group met a number of times in the preparatory period before the exchange, and after the exchange. In these meetings, the design of the intervention, and the direction and progress of the research was discussed, as well as follow-up steps. The experiences and wishes of the groups' members helped direct the research, and choices made during the research were only made after a consensus was reached. In some instances it could be that the express wish of the SZMK project group members was that the researchers had free reign in making a certain decision, for example in the final selection of participants.

### 3.2.2 Selection of Blantyre Catholic Health Commission

As part of the expectations based on SZMK's previous international experiences and findings from the literature on international exchange, the theoretical reasoning behind the selection of a second case dictated that an exchange partner organisation should be selected that was very different from the first case in terms of organisational culture. In addition, the case should theoretically offer opportunities to develop in terms of care delivery, through presenting very different practices and ideas pertaining to care. The selection of a partner organisation in Africa, where both care conditions and culture could be expected to be very different, was therefore deemed appropriate considering the theoretical background of the study.

In order to find a suitable exchange partner organisation and additional case for my case study, that was willing and able to participate in this project, Cordaid's ties with several Dioceses in Malawi were utilised. In April 2014, the two researchers from Tilburg University and the main SZMK contact person and member of SZMK's Management Team undertook a preparatory visit to Malawi. During this visit, they attended a stakeholder workshop on Performance Based Financing (PBF) in Community Home-based Care (CHBC) in the capital Lilongwe.<sup>2</sup> The workshop was organised by Cordaid,

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2 *"Performance-based financing (PBF) is a form of incentive where health providers are, at least partially, funded on the basis of their performance to meet targets or undertake specific actions. It is defined as fee-for-service-conditional-on-quality. In many low- and middle-income countries PBF programmes are implemented with the support of development partners (...). It can be contrasted with the line-item approach to paying or funding facilities, which finances a health facility through the provision of inputs (such as medicines or personnel). Performance-based financing strengthens the dialogue between pur-*

and was held to present outcomes of PBF projects set up by Cordaid. For this occasion, representatives of the involved local organisations had travelled to Lilongwe, presenting a unique opportunity to meet and learn from their experiences in community-based care, as well as discuss possibilities for future cooperation in the form of an international exchange. After the conference a meeting was held with health coordinators of three Dioceses in Malawi, who had been involved in Cordaid's Performance Based Care project. As all three were interested in participating in the exchange, the choice was left to the researchers. The choice for the Catholic Health Commission of the Archdiocese of Blantyre was made on the basis of Cordaid employees' very positive experiences with its health coordinator. Furthermore, the Archdiocese of Blantyre offered good prospects for the facilitation of an exchange visit in their region, based on previous positive experiences of Dutch doctors visiting their main hospital in Phalombe, and the presence of several Community-based or Faith-based Organisations (CBO/FBOs) in the same district who had been involved with Cordaid's project and could be mobilised for such an exchange.

### 3.3 Selection of participants

#### 3.3.1 Selection of SZMK participants

##### **Participants of previous international work visits SZMK**

For the retrospective interviews, contact details of 12 SZMK employees who participated in at least one previous international work visit to Denmark or the United States, were provided by the main contact person for the research at SZMK. The sampling of this group of interview participants can therefore be considered to be purposive sampling.

##### **SZMK employees**

In February 2015, all 991 SZMK employees working as health workers were approached through their work-related e-mail addresses, and asked to complete either an online questionnaire inspired by the Barrett Values Assessment Instrument (496 people) or containing the OCAI (495 people). The two versions of the questionnaire were randomly assigned.

##### **Malawi-Netherlands exchange participants representing SZMK**

The selection of SZMK participants was done in the period of October-December 2014. After discussing with the project group at SZMK, it was decided that the researchers would get a free reign in selecting the participants. However, the criteria for selection

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*chasers and providers as they, together with other stakeholders, choose priority health services and indicators for monitoring the services." (WHO, 2018)*

were set by the project group (i.e. two Management Team members and staff coach of SZMK and the two involved researchers). The project group decided that for this exchange only nurse assistants and nurses would be selected. This was based on the expectation that this would ensure broader support from SZMK employees than if managers would be involved, since previous SZMK international work visits only included SZMK managers. Supporting personnel, managers and para-medical professionals, such as physiotherapists, would not be included. Another important wish from the SZMK project group was to choose a diverse group, in terms of age, gender, location, care sector (both facility based and home-based care) and type of care professional (both nurse assistants and nurses), also in order to gain wide support for the project among SZMK's care employees. This variety also fitted in well with the theoretical consideration of a more varied team providing more opportunities for learning (e.g. Wierdsma & Swieringa, 2002). As is the case for case selection in a case study design, the selection of participants in this multiple-case study was not done randomly, but based on theoretical grounds (theoretical sampling) as well as feasibility. The selection of participants was also done following the Action Research principle of the intervention being set up in close collaboration with the organisation itself, thereby ensuring organisational relevance in their particular context.

First, an announcement for the Malawi-Netherlands exchange was sent out via e-mail to all SZMK employees. In the announcement, nurse assistants and nurses interested in the exchange were asked to send a short expression of interest and provide basic personal and contact details. This first announcement yielded 70 responses (7.4 % of the total care staff). An information meeting was then held with all 70 interested SZMK employees, in which the two researchers presented the purpose and set-up of the exchange, questions were answered and further steps in the selection process were explained. The interested respondents were then asked to write a longer motivation letter, which yielded 64 responses. These letters were read and graded according to motivation on a scale from 0 to 10, by the researchers. Average grades were then calculated, and the highest 20 respondents were invited for individual 30 minute interviews with the researchers. These 20 were purely selected on the basis of their motivation letters, and turned out to be very diverse in terms of age, gender, function, sector and location. Diversity in these respects were also strived for in the final selection (see section 3.4.1). The final selection of 6 participants was mainly made on the basis of motivation, but also partly on the requirements for the composition of the group, which had to be both diverse and expected to contribute to a positive group process.

### 3.3.2 Selection of Blantyre CHC participants

#### **Malawi-Netherlands exchange participants representing Blantyre CHC**

The six Malawian participants were selected in April 2015. The health coordinator of Blantyre CHC and main contact person for the exchange was responsible for choosing six

health professionals working in the community-based care sector that could participate in the exchange. This meant that they had to be willing and able to inform the Dutch visitors about care delivery in Malawi and to arrange and accompany the Dutch team on field visits meeting community-based care volunteers and clients. They also had to be able to travel to the Netherlands in the autumn of 2015 for a two-week counter visit.

### 3.4 Intervention design: Preparation and programme of the Malawi-Netherlands exchange

#### 3.4.1 Preparing the Malawi-Netherlands exchange

When organising the Malawi-Netherlands exchange, the most important lessons from the literature on international exchange effects and organisational change theories were taken into account (see chapter 2). These included the following:

- A successful exchange of health workers should offer opportunities to really *experience* the foreign way of working, rather than merely reading, hearing or talking about it.
- In order for conflicts of schemata to occur, *interaction* with local people, including peers or more experienced teachers and professionals, is a crucial element of learning through an international exchange (Jacobs et al., 2014; Van 't Klooster, 2014; Holmström, 2015). A successful exchange set-up therefore requires to offer ample opportunity for participants to interact with different kinds of local people during the exchange.
- While differences in context and schemata likely drive the process of learning, there has to be some degree of recognisability between participants as well. After all, a degree of *similarity*, particularly in terms of professional background, has been found to also be important in the exchange experience (Hutchings & Smart, 2007; Rehr et al., 1993). Recognisability between hosts and visitors can, for example, derive from similarities in work field and professional background.
- Other factors or aspects related to effective individual competency development include: no prior international study or work *experience*, *duration* of stay, *cultural distance*, and taking on *different roles and responsibilities* (Van 't Klooster, 2014; Hutchings & Smart, 2007). These findings can direct the organisation of an exchange as follows: selecting people with little or no prior international experience, not making the duration of visits too short, negating possible negative influences of cultural distance hampering interaction by selecting participants who speak the same language, and encouraging participants to have an active role and responsibility in the exchange process.
- Problem-solving teams where members have diverse backgrounds and functions offer the best opportunity for successful collective learning, i.e. organisational change (Wierdsma & Swieringa, 2011). An organisational exchange therefore

ideally consists of *diverse teams* who experience the exchange together, are jointly engaged and responsible for a successful process, and are active, experiencing, participants.

Besides these valuable lessons from the literature, the wishes from the organisations involved were taken into account. This was done through consulting a project group at SZMK (see section 3.2.1) and through asking 12 mid- and higher level managers from SZMK (see section 3.5.1) about their experiences concerning the organisation of a successful international exchange, given the current context. The latter group's experiences with foreign work visits were also used to answer the research questions of this study, which will be discussed in chapter 5.

First of all, when asked about how the group of SZMK managers viewed future exchanges, many of them answered that they would be most interested in an international exchange involving care professionals, rather than managers. Not only in order to see whether an international exchange would have similar or perhaps different positive effects on them, but also in order to create wider support among SZMK's many care employees than might be the case when another group of managers would again be invited to go. The worries about the general support for international exchanges had increased in the past years due to increased pressure on the organisation and its employees in the wake of the drastic changes in the financing and organisation of care (see chapter 4). The following quote illustrates the sentiment expressed by all respondents to choose care professional rather than managers to participate in the Malawi-Netherlands exchange:

*Actually all care professionals should go, so that it becomes embedded at different levels. (...) Take those people. They are the ones that have to do it in the end. (...) I am worried for the divide between managers and care professionals. If you let the care professionals go and let them tell about it to their colleagues, things can change at that level. (...) At that [care provision] level it is much more about feeling and doing. Learning by doing. That is how they learn. They talk a lot about feeling with one another.*

(Participant 1: mid-level management visit to Denmark, 2003)

Following the lessons learned from the literature, and the experiences and advice given by the participants of the retrospective interviews and the project group, the following decisions concerning the set-up of the Malawi-Netherlands exchange were made:

- to include care professionals rather than managers at SZMK, in order to ensure enough support within SZMK;
- to include health professionals at Blantyre CHC, who have a medical background and working area of care provision in common with the Dutch exchange participants;



- to select participants that speak English, but with little or no prior international experience;
- to give participants an active, responsible role in the preparation of the programme hosting the other, foreign, exchange team;
- to select diverse teams in terms of background and function;
- to incorporate ample actual experiences with care provision during the programmes;
- to incorporate interactive elements with local people and peers;
- to focus on the theme of the shift towards community-based care; and
- to aim for two-week visits rather than longer visits, ensuring feasibility and to prevent possible tensions arising in the group.

### 3.4.2 Malawi visit, May 2015

The first exchange visit consisted of six Dutch exchange participants travelling to Malawi for two weeks in May 2015. Six Malawian exchange participants prepared the two-week programme for the Malawi visit independently, based on the information that the Dutch team would consist of elderly care professionals who wanted to experience care delivery, particularly community-based care delivery, in Malawi. For details on how the exchange participants were selected, see section 3.3. The two researchers involved in the research project played a facilitating role in the preparation of the exchange (e.g. arranging tickets) and were not directive when it came to which areas and themes would be covered during the exchanges. The Malawian programme was set up in a flexible way, with room to adjust during the visit, in order to accommodate the Dutch guests' wishes. Presentations were prepared in advance by Malawian team members and representatives of CBO/FBOs to be visited (Phalombe FBO, Khama CBO, Chiringa FBO and Tithandizane CBO). Since the work practices of both types of organisations did not differ, in this book (nor in the programme in which they were involved) no differentiation between the two types will be made.

The Dutch exchange participants met each other for the first time in January 2015, during a group meeting where the outcomes of the first survey were discussed. The Dutch participants decided to form a Whats-App group after that meeting, in order to prepare for the visit in May. The Dutch team initiated an in-house collection of materials, such as blood pressure meters and uniforms, and organised a fundraiser for money among their SZMK colleagues, to be presented as a gift during the Malawi visit. In April 2015, the Dutch team came together again to meet a Dutch community-based care nurse who had worked in a community-based care setting in Malawi the year before, as part of the preparation for their visit.

The programme for the first week consisted of introduction meetings and presentations at the central office in Blantyre with two of the Malawian participants who worked there as coordinators, and an official visit to the Archbishop of Blantyre. The Dutch

participants stayed at the guesthouse next to the central office. During the first meeting, the Dutch participants received special skirts, which were worn by volunteers involved in the community-based care programme supported by the Archdiocese. At the end of the week the group travelled to Phalombe district, where they stayed at two guest houses on the Phalombe hospital premises. Meals for the Dutch group were prepared by a local cook and eaten jointly in one of the two guest houses. During the first meeting with the other four Malawian participants who worked in Phalombe, the gift prepared in the Netherlands was presented to one of the doctors at the hospital. The programme for the second week was determined on the basis of learning objectives of the Dutch participants, which were discussed during this first meeting in Phalombe, and which consisted mainly of wanting to meet community-based care volunteers and clients.

During the second week, the Dutch team was accompanied by five of the Malawian exchange participants. The week was filled with field visits to the hospital, and several CBO/FBOs, whose volunteers brought along Dutch team members to meet some of their clients. The Dutch and Malawian teams were split in two and paired with each other into two groups (three Dutch with three or two Malawian exchange participants and one researcher). These two groups visited CBO/FBOs and their clients separately. The groups were re-paired on the final day of client visits (the same three Dutch exchange participants and researcher with the other two or three other Malawian participants). The Dutch group I was paired to visited a total of 28 individual clients in their own homes. Of these clients visited during the Malawi visit, 64% was female. The visited children below 18 years old (14%) all received community-based care due to the fact that they were orphans. The clients between 18 and 50 years old (29%) mostly received community-based care due to having HIV, being disabled, having epilepsy or leprosy. The older clients between 50 and 70 years old (25%) and elderly clients above 70 years old (32%) mostly received community-based care due to disability and blindness. The English-speaking home-based care volunteers accompanying the visit, including CBO/FBO coordinators, and the Malawian exchange participants acted as interpreters for the Dutch exchange participants when talking to volunteers and clients.

In the final debriefing meeting in Phalombe, the Dutch team prepared a presentation on their experiences during the visit and also included advice for the Malawian team, which they had requested. During this meeting the Malawian team also formulated a number of learning objectives for their Dutch visit. These learning objectives formed the basis of the Dutch visit programme organised by the Dutch team. At the end of the second week the Dutch group travelled back to Blantyre and flew back to the Netherlands the following day. During the Malawi visit, all presentations and discussions with Malawian exchange participants were in English. The involved researchers supported at times in translating certain words and concepts for the Dutch exchange participants.

### 3.4.3 Netherlands visit, October 2015

After the Malawi visit, the Dutch team independently organised the two-week return-visit for the Malawian team, taking into account the questions and learning objectives voiced by the Malawian team at the end of the Malawi visit. The Dutch team was supported in the organisation of the return-visit by one of the members of the project group (also SZMK staff coach). All Dutch participants prepared one day at their location. Two participants prepared a two-day programme together, since they worked at the same location. All but one participant prepared a presentation on their own profession. The organisation of the return-visit required involving SZMK colleagues at different levels of the organisation, external care providers, as well as participants' families, as home visits were planned and partners were invited to the farewell dinner. The Malawians were housed in one of SZMK's nursing home locations which happened not to be in use, with each participant having their own room and one communal area set up for nursing clients. The fridge was stocked by a Dutch participant, and larger meals could be eaten in the communal dining area of that location. SZMK body warmers, as worn by SZMK home-based care workers, were arranged to reciprocate the gift of volunteer skirts in Malawi.

The content of the program was devised to meet the discussed, but also the perceived and expected wishes and interests of the Malawian team as good as possible, e.g. by including a visit to a religious service in an in-house chapel in one of the SZMK locations. The Dutch programme aimed to organise each day according to a certain theme (rehabilitation, care organisation, home-based care, nursing home care, community-based care, and other forms of elderly care organised by other organisations), starting with presentations and ending with physical tours and meetings with care professionals, clients, managers and board members. All presentations and meetings were in English. Dutch exchange participants interpreted when necessary during the client visits. Presentations were prepared with the experiences of the Dutch team in Malawi in mind, for example by using examples of conditions often encountered in Malawi, such as strokes. Like in Malawi, during client visits the groups were sometimes split in two, in order not to have too large of a group intruding in the clients' personal space. Due to unfortunate circumstances, the Malawian team missed their plane leaving from Blantyre. After regrouping, an alternative programme was put in place with two days delay.

The Dutch, adjusted, programme started with a day of presentations on chronic care and rehabilitation care, a workshop on physical therapy in stroke rehabilitation by an in-house physical therapist at SZMK, a tour through the rehabilitation ward and meetings with clients in rehabilitation. The second day consisted of presentations on the organisation of care by a municipality representative, a representative of SZMK's volunteer association, and a tour through the local hospital. The third day started with a presentation on home-based care by one of the Dutch participants and the

department head of SZMK's home-based care section, followed by home visits to clients receiving home-based care from one of the two Dutch participants working in SZMK's home-based and community-based care section. In the weekend, the Dutch team had organised a visit to a Dutch farm, the cooking of a traditional Malawian dinner together at one of the Dutch participants' homes, and attendance of a religious service in one of SZMK's in-house chapels. The second week started with a two-day programme on elderly homes and dementia care, including presentations on elderly home functions, care professionals and dementia, presented by Dutch participants, a geriatric specialist and an in-house psychologist. After the presentations, exchange participants had a chance to meet day care and residential clients, visit a small-scale care group home, and visit the elderly fitness garden. The next day consisted of a presentation and tour of a local community centre, and a meeting with several SZMK managers. The day after that started with a visit to a care farm and ended with a presentation on palliative care by a volunteer coordinator and volunteers, and a tour of a hospice. The final day started with a debriefing meeting with both teams and some of SZMK's Management Team members. In the debriefing meeting the Malawian team presented what they had learned during the exchange and how they intended to translate that into policy, and offered points of advice for SZMK, on the basis of what they experienced in the Netherlands. In the afternoon, retrospective interviews on the exchange experience were held with the Malawian participants, and the official programme ended with a traditional Dutch dinner at the home of one of the Dutch participants, which also included the Dutch participants' partners. As the Malawians still had one day before their return flight, they were taken to a Dutch market and visited another participant's home before leaving the next day.

## 3.5 Data collection methods

### 3.5.1 Retrospective interviews with participants of previous SZMK work visits

The retrospective interviews with participants from previous work visits organised by SZMK, were held in September and October 2013. These in-depth, semi-structured interviews took approximately two hours each. The interviews were held by myself and the other researcher from the larger research programme and were recorded with the use of a voice-recorder. Detailed notes were taken and written out by myself, and corrected and supplemented on the basis of the audio-recordings by the other researcher. Questions were asked about the preparation of the international work visit, programme of the visit, dissemination of international experiences in the organisation, impressions during the visit, professional effects, personal effects, organisational effects, effects of other work visits, effects of receiving visitors, current contact with hosting organisation, and vision on future exchanges and organisational challenges.

### 3.5.2 Survey

The survey was conducted at four different points in time, among three different groups:

- the six Dutch exchange participants in January 2015;
- all 991 SZMK health workers, including care professionals and management, in February 2015;
- the six Malawian exchange participants (English version) in October 2015;
- the six Dutch exchange participants, about one year after the exchange, in January 2017.

In January 2015, the six Dutch exchange participants were first approached by email and invited to complete the online questionnaire containing both the Barrett-inspired and the OCAI instruments. For the survey among all SZMK employees, two shorter versions of the survey were created: the Barrett-inspired and the OCAI version (discussed below). With the help of the main contact person at SZMK and member of the project group, and SZMK's ICT department, all 991 employees of SZMK were approached through their work-email in February 2015, and invited to fill in either the Barrett-inspired version of the online questionnaire (496 people) or the OCAI version of the online questionnaire (495 people). Reminders were sent out one week and three weeks after the initial invitation, and both versions of the questionnaire were online for a total of one month. During their visit in the Netherlands in October 2015, the six Malawian exchange participants received a paper version of the complete questionnaire (containing both the Barrett-inspired and OCAI instruments). Finally, in January 2017, the six Dutch exchange participants received another invitation through email to fill in the complete survey (containing both instruments) for the second time.

#### **Questionnaire construction**

The questionnaire was designed to supplement the data gathered through interviews and participant observation by mapping the existing organisational cultural conditions or mental models in the two organisations in the Malawi-Netherlands exchange in a more quantitative way. Different means of mapping organisational culture and values in a questionnaire were considered, which would serve as a gauge for mental models within the involved organisations, i.e. to serve the *descriptive* purposes of analysing the organisational context in which the intervention would be set. Two instruments were chosen that have been used in the Dutch care sector before: the Barrett Personal Values Assessment and the Barrett Organisational Values Assessment instruments (Barrett, 1998; Barrett Values Centre website, 2014) to determine important perceived personal and organisational values; and the Organisational Culture Assessment Instrument (OCAI) (Cameron & Quinn, 2006) to determine the perceived organisational culture type. The Barrett Values Assessment instruments could also be used to detect possible individual

changes among the Dutch exchange participants, through a pre- and post-exchange comparison.

Although in the experience of the Dutch exchange participants themselves the questionnaire containing both instruments was not too long (about half an hour), the SZMK project group decided that for all SZMK care personnel, instead of one long survey, two shorter versions of the survey would be sent out, in order not to burden their employees too much. The two shorter versions of the survey consisted of the same introduction and background questions as the complete survey, but contained *either* the version inspired by the Barrett Values Assessment instruments (see appendix B) or the OCAI (see appendix C). The questionnaires contained additional open questions after each of the three Barrett Values Assessment instruments, asking whether they had missed other important values. All questionnaires concluded with the following final open question: *“Comments on ideal organisation: Here you can give your comments on what you would like your ideal organisation to be like, and/or how you would like to see the future of care in your country in general.”*

### **Barrett Values Assessment instruments**

In 1998, Richard Barrett introduced a number of instruments for mapping values, which were meant to provide a means for consultants, change agents and human resource professionals to assess values within an organisation and thereby facilitate the process of organisational change. These instruments, also called Cultural Transformation Tools *“allow leaders to measure and map the cultures of organisations, schools, communities and nations”* (Barrett Values Centre website, 2014). They are commercial instruments, designed as a tool to aid in the process of change. The tools have been used to map the values of over 6,000 organisations, including corporations, NGOs, and healthcare organisations, in 94 countries (Barrett Values Centre website, 2014).

For the purposes of this study, three instruments inspired by Barrett’s Individual Values Assessment and the Organisational Values Assessment tools were used to measure personal values, current organisational values and desired organisational values. These instruments were chosen for this study because they provide a list of values that have been developed through years of experience in various organisations, including healthcare organisations, and are therefore likely to also capture those values that are or could be important in the elderly care organisational setting. Furthermore, they are simple, user-friendly tools to measure key values in both individuals and organisations. Lastly, the same instruments have been successfully used to facilitate organisational culture change in a large Dutch elderly care organisation<sup>3</sup> before. In that organisation,

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3 The Dutch elderly care organisation Avoord used the Barrett method, including the Values Assessment, to facilitate organisational culture change. An interview with the operational management director of Avoord showed that the instrument was considered useful and user-friendly for the purposes of assessing both individual and organisational values in an elderly care setting.

it is also currently used in a study on organisational change (Stokmans, Van Reisen, & Landa, 2018).

Each of the three Barrett instruments contains a list of values from which respondents have to choose the ten values they consider to be most important for them personally (Personal Values Assessment), most prominent in their current organisation (Current Organisational Values Assessment) and those values they wish would be most prominent in their ideal organisation (Desired Organisational Values). The Personal Values Assessment instrument contains similar, but also different values than the Organisational Values Assessment instrument. The Current and the Desired Organisational Values Assessment instruments contain exactly the same values. The lists of values used in this study consisted of the combined values found in the Individual Values Assessment freely available online (Barrett Values Centre, 2014), those used in a previous study (IIP, 2014), and those obtained through contact with an official Barrett trainer. The lists were first discussed in the SZMK project group, which found them to be relevant in their organisation as far as content was concerned, but quite long. It was decided to shorten the lists as much as possible, by combining some values that were closely related (e.g. “enthousiasm” and “positive outlook”), deleting some values that resembled other values too closely (e.g. “result-oriented” and “performance-oriented”), and deleting some variables that were considered less suitable in this context (“environmentally conscious”) or difficult to understand (e.g. “compartmentalisation”). Some difficult to understand values were reworded in more simple language (e.g. “verantwoordelijkheid” (responsibility) instead of “accountability” in the Dutch lists). In this way the Personal Values Assessment was shortened by 12 values, containing 76 individual values in the exchange participants’ survey. The Organisational Values Assessment (both Current and Desired) was shortened by 11 values and contained 93 values in the exchange participants’ survey. After discussing the experience of completing the questionnaire with the six Dutch exchange participants, it was decided to add another two individual values to the questionnaire for all SZMK employees, which the group felt they missed: i.e. “empathy” and “social/people-oriented”. The version of this questionnaire containing the three instruments inspired by the Barrett Values Assessment instruments can be found in appendix B.

### **Organisational Cultural Assessment Instrument**

A range of tools designed to measure organisational culture have been developed and applied in industrial, educational, and healthcare settings over the last two decades (Jung et al., 2009; Scott et al., 2003). The Organisational Cultural Assessment Instrument (OCAI) is a psychometric tool that was developed by Cameron and Quinn (2006) as a means for organisations to quantify organisational culture and provide a means by which they can direct organisational change (Suderman, 2012). The tool has been used in over 10,000 organisations (Suderman, 2012). It strives to classify culture by examining core values, shared assumptions, and common approaches to work (Heritage,

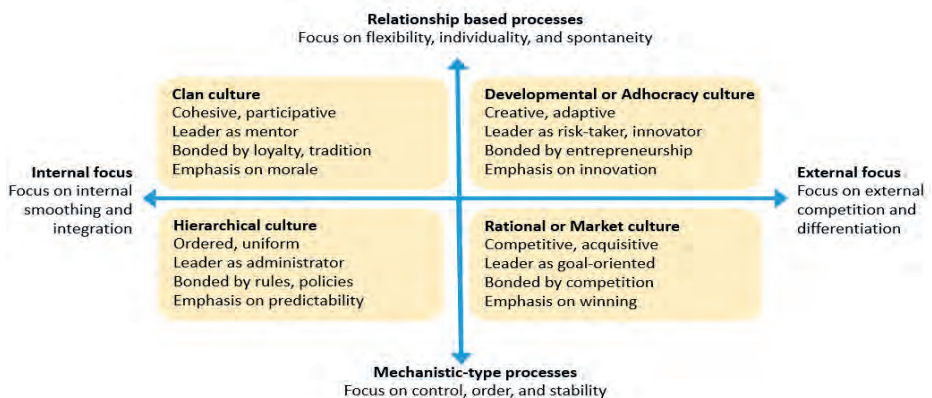


Pollock, & Roberts, 2014). While the authors have acknowledged that measuring culture quantitatively is controversial, they claim that through the gathering of data from multiple individuals within an organisation, its core values and related assumptions can be realistically represented (Heritage et al., 2014). The instrument was chosen for this study because of the prominence of this tool as a measurement instrument of culture and the fact that it has been used previously in a large-scale national research into organisational culture of the Dutch care sector, including home-based care and facility based care for the elderly (Kikker Groep, 2008).

The OCAI is based on the Competing Values Framework by Cameron and Quinn (2006), which is

*... rooted in considerable research in the field of organisational culture and aligns with well-accepted cultural categorical themes – the way people think, their values, assumptions and how they process information.* (Suderman, 2012, p. 53)

The framework distinguishes two polarities determining organisational functioning: internal focus versus external focus; and mechanistic-type or stability-oriented processes versus relationship-based or flexibility-based processes. Plotting those two dimensions in a matrix (see figure 3.1 below) makes up four quadrants that correspond with the organisational culture types Clan culture (people oriented), Developmental culture (innovation oriented), Hierarchy culture (control oriented), and Rational culture (result-oriented).



**Figure 3.1.** Competing Values Framework, with corresponding organisational culture types (Source: Cameron & Quinn, 2006)

Respondents determine the current and desired organisational culture type for six different elements of the organisation (Dominant characteristics; Organisational



leadership; Management of employees; Organisational glue; Strategic emphases; and Criteria of success) through the weighing of four separate statements, which correspond with the four organisational culture types. Respondents weigh these statements for each of the six elements by dividing 100 points between the four statements. The more the statements apply, according to the respondent, the higher the score attributed to that statement. A freely available Dutch version of the OCAI instrument was used, which can be found in appendix C.

### 3.5.3 Focus group discussion among Malawi-Netherlands exchange participants

At the end of January 2015, the six Dutch exchange participants took part in a two hour focus group discussion with one researcher. This was the first time these six participants met each other. The results of the questionnaires for this group were presented using Power Point, and discussed within the group in order to correctly interpret the findings. Only results on organisational values and culture (both current and desired) were discussed. Results of the personal values assessment were not discussed. During the meeting, the content and user-friendliness of the questionnaire itself was also discussed, which served as a basis for making slight adjustments to the survey that was to be sent out to all SZMK's employees. Notes on the focus group discussion were taken and typed out.

### 3.5.4 Participant observation during Malawi-Netherlands exchange

During the exchange visits, participant observation was employed by the researcher in order to record the process and the content of the communication that took place during the exchange. Field notes were taken as much as possible including observations, information from presentations, remarks and dialogue involving the participants, and my own reflections on the proceedings. Field notes were typed out and supplemented with pictures, official program descriptions and content of presentations.

### 3.5.5 Retrospective interviews with exchange participants after Malawi-Netherlands exchange

The semi-structured retrospective interviews with exchange participants were meant to reveal the participants' own felt experiences concerning learning or change effects as a result of the exchange. The Malawian exchange participants were interviewed on the final official day of the exchange, in October 2015, since this was the last opportunity to meet with them face to face. The interviews were taken in pairs of participants, with the two researchers, and took approximately two hours. I took notes and typed them out. The retrospective interviews with the Dutch exchange participants were held in February 2017. The longer period between exchange and interviews with the Dutch exchange participants was expected to give a clearer perspective on the longer term effects of the exchange. I interviewed each of the Dutch participants individually for

two hours. I recorded the interviews using an audio-recorder and typed them out ad verbatim.

All retrospective interviews started with the open question “How did you experience the exchange?”, followed by more specific questions on how it had effected the participants personally, professionally, and whether anything in their organisation had changed as a result of the exchange. For the Dutch participants, the interview also included discussing the comparison of the questionnaires they completed before and after the exchange.

## 3.6 Data analysis

### 3.6.1 Retrospective interviews with SZMK participants of previous work visits

The typed out notes of the 12 interviews were first roughly summarised per question. Later on, the data was analysed per research questions. A shorter document summarising the most important experiences and themes of the work visits was prepared and shared with SZMK’s Management Team in November 2013. The quotes from the retrospective interviews presented in this book are translated by me from Dutch into English.

### 3.6.2 Online survey

Results of the online questionnaires were downloaded from the Qualtrics website in SPSS format. Results of the paper questionnaires (filled in by the Malawian exchange participants) were entered in SPSS files. For the background variables, functions were recoded from 14 to 3 categories (nurse assistant; nurse/(para)medic; and coordinating/managing staff) and age categories were recoded from 9 to 3 categories. Using SPSS version 23, background variables for respondents of the survey to all SZMK employees were tested for differences with available background data on the total approached group on gender and function using Z-tests. Differences between the Barrett-inspired questionnaire and the OCAI questionnaire respondents, in terms of background variables, were then conducted using chi-square tests and independent t-tests.

### **Analyses Barrett Values Assessment-inspired instruments**

The frequencies of values chosen for each of the three Barrett Values Assessment-inspired instruments (Personal values, Current organisational values and Desired organisational values) were calculated in SPSS and further processed in Excel, for each instrument and each group of respondents (Dutch exchange participants; Malawian exchange participants; and SZMK employees) separately. They were first sorted by frequency for each group, and compared between groups. In order to find out whether there were marked differences in perception of prominence of values between

subgroups within SZMK, the top 20 most often chosen values were compared across professional functions, ages and care sector. In order to discern the largest discrepancies between groups, the percentages chosen from the complete list of values was compared between subgroups as well. A summary of results per instrument was then made, based on the top 10 most chosen values for the total group, and the most noticeable differences between subgroups (i.e. when there was more than 10% difference between frequencies). For the two Organisational Values Assessment instruments, frequencies of the most often chosen current organisational values were compared to frequencies of the corresponding desired organisational values and sorted by the difference in percentages chosen. Finally, the answers to the open questions on whether respondents had missed certain values that they considered important were noted down.

### **Analyses Organisational Cultural Assessment Instrument**

Average scores for each question of the OCAI were calculated according to the official OCAI guidelines (Cameron & Quinn, 2006) for each of the three groups of respondents (Dutch exchange participants; Malawian exchange participants; and SZMK employees) using SPSS and Excel. With the use of Excel, radar charts according to the type commonly presented in OCAI reports were made, showing the outcomes of the average score of all six elements, and for each organisational element separately (Dominant characteristics, Organisational leadership, Management of employees, Organisational glue, Strategic emphases and Criteria of success) for both the current and the desired situation, as well as per respondent group. Integrated graphs were made in order to easily compare results between these respondent groups. Additional radar charts were made comparing outcomes of the different sub-groups within SZMK (function, age group, and type of care). In order to discern possible large differences between exchange participants, integrated radar charts were also made comparing all of the 12 exchange participants.

### 3.6.3 Analysis of focus group discussion among Malawi-Netherlands exchange participants

Besides using the input of the focus group discussion to slightly adjust the questionnaire before sending it out to all SZMK employees, the notes of the focus group discussion were reviewed for contextual elements and exchange conditions that potentially could play a role in contributing to change during the exchange.

### 3.6.4 Analysis of field notes and retrospective interviews on Malawi-Netherlands exchange

Using the qualitative data analysis software Atlas.ti version 7, field notes and retrospective interview notes and transcripts were coded using an open strategy with no prior coding structure. After the initial coding, codes were condensed into broader codes, and grouped into themes. The raw data was then coded again into codes using the elements in Kim's (1993) OADI SMM model. The overlap and differences between

these two coding structures was used to determine the usefulness of Kim's model in explaining the found categories signalling notable elements in the exchange process, as found in the qualitative data. Whenever important elements of the data could not be grouped under elements found in Kim's model, they were coded according to the labels given in the open coding strategy. The found codes were then compared to elements from Kingdon's (1984) multiple streams model, in order to determine the usefulness of Kingdon's model in explaining notable elements in the exchange conditions facilitating change. This process is in accordance with common strategies for analysis used in "Gaps and Holes" type case studies, in that the final analysis concentrates on the matching of the framework with patterns from the data (Ridder, 2017). The quotes from the retrospective interviews of the Dutch participants presented in this text are translated by me from Dutch into English.

### 3.7 Trustworthiness

Case studies are sometimes criticised as a research strategy. Perhaps the greatest concern has to do with the perceived lack of scientific rigour of case study research, compared to other research strategies (Yin, 1994). This has many parallels with criticism on interpretivist research in general. However, it is important to note that the ways in which scientific rigour is judged is different for different research paradigms. Guba and Lincoln (1981) stated that while all research must have "trustworthiness" to be worthwhile, the nature of knowledge within the rationalistic paradigm is different from the knowledge in the naturalistic paradigm, with each paradigm requiring their own specific criteria to establish trustworthiness. While scientific rigour in both types of research implies a structured and controlled way of planning, developing, analysing, evaluating and presenting research (Allende, 2004), in quantitative research this is judged by "*how narrow, concise, and objective the design and analysis techniques are and how scrupulously the rules have been adhered to and applied to all decisions*" (Institute of Education Sciences, 2008). In contrast, in qualitative (non-experimental) research, scientific rigour is characterised by openness, methodological congruence, scrupulous adherence to a philosophical perspective, thoroughness in collecting data, and consideration of all the data in the analysis process (Grove, Burns & Gray, 2012), and should be judged by the criteria of credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). According to Ridder (2017), the scientific rigour of the case study can be enhanced by considering the specific contribution of the chosen case study design to its accompanying phase of the theory continuum: in my case to theory-development.

Yin (1994) proposes to ensure scientific rigour in case study research by using the same four quality tests that are common in positivist social sciences, namely the test of construct validity, internal validity, reliability and external validity. *Construct validity*

implies that correct operational measures for the concepts being studied are specified, which is especially challenging in case study research (Baškarada, 2014). According to Yin (1994), in order to meet the test of construct validity, a researcher using a case study design must *“select the specific types of changes that are to be studied (...) and demonstrate that the selected measures of these changes do indeed reflect the specific types of change that have been selected”* (p. 34). One way of increasing construct validity in a case study is to use multiple sources of evidence (Yin, 1994), as they provide multiple measures of the same phenomenon (Baškarada, 2014). Trochim (1985) also proposes the use of pattern-matching to enhance construct validity. Pattern-matching refers to the matching of theoretical patterns to observed patterns, and is thus comparable to hypothesis-testing. The major difference between pattern-matching and hypothesis-testing is that pattern-matching uses more complex or detailed hypotheses and treats the observations from a multivariate rather than a univariate perspective (Trochim, 2006). In pattern-matching one looks for demonstrable relationships between how one would theoretically expect variables in a study to interrelate and how they do in practice (Trochim, 2006). In this study, the analyses of field notes and interviews includes a matching of theoretical patterns (formed by the theoretical framework) with the observed patterns found in the data.

Another way of increasing construct validity is to design the case study in such a way that the chain of evidence is maintained, allowing reviewers to trace from conclusions back to the initial research questions, or from questions to conclusions (Sarker & Lee, 1998). The best way to do this is by establishing a database which includes all the data in its initial, “raw” form (Yin, 1994). In order to meet the requirements of maintaining the chain of evidence, all data used in this study have been digitalised and stored in its “raw” form. Furthermore, data has been recorded and saved in its various progressive stages of analysis, in order to best be able to retrieve and reconstruct the translation of data to conclusions, thereby increasing both construct and internal validity.

*Internal validity* refers to the extent to which causal relationships found in a study are indeed causal, rather than influenced by other variables. As with construct validity, the use of methodological and data source triangulation (including cross-case comparisons) can lead to increased internal validity (General Accounting Office, 1990). Yin (1994) also proposes the use of pattern-matching to enhance internal validity. In this study, the process and conditions under which change occurs as a result of international exchange will be studied through triangulation of multiple sources of evidence, namely interviews, participant observation and surveys, increasing both construct validity and internal validity of the study. Another approach for ensuring internal validity or credibility is member checking or participant validation (Lincoln & Guba, 1985; Koelsch, 2013), which can be described as a research phase in which *“the provisional report (case) is taken back to the site and subjected to the scrutiny of the persons who provided information”* (Lincoln & Guba, 1985, p. 236). Lincoln and Guba (1985) consider participant validation

as an optimal way of assessing the validity of a qualitative study, because of the importance of correctly understanding and faithfully representing the participants' worldview in qualitative research. In this study, participant validation is employed in the final stage of the research. Participants are presented with the main findings and conclusions, after data analyses, and invited to comment on recognisability and accuracy of the findings, and on their views on the conclusions drawn. In order to ensure comprehensibility, the conclusions are presented to the participants in a practical and summarised form, excluding the theoretical framework and terminology.

*Reliability* refers to the ability to demonstrate that the procedures of a study can be repeated with the same results. A prerequisite for this is the need to carefully document the procedures followed and make as many steps as operational as possible (Yin, 1994). In a real-life setting, repeating the exact same study is impossible, as a study's context cannot be kept constant and will have an effect on the results. Still, through comprehensive documentation of all the steps in the research process, at least the part that can be influenced by the researcher is made explicit and can thereby inform and instruct future studies. As mentioned, the steps in the data analysis used in this study are recorded and presented as thoroughly as possible, and analysed data has been saved in various stages of analysis.

Lastly, *external validity* refers to the generalisability of the study's findings. As is the case for interpretative research, one of the criticisms on case study research is that case studies provide little basis for scientific generalisation (Yin, 1994). However, it is important to realise here that, like experiments, case studies aim to be generalisable to theoretical propositions, rather than populations (Yin, 1994). Like the experiment, the case study does not represent a "sample", and the researcher aims to expand and generalise theories (analytical generalisation), not enumerate frequencies (statistical generalisation) (Yin, 1994). The aim of the 'Gaps and Holes' type of case study is to generalise a particular set of results to a broader theory, which led to the case study in the first place (Ridder, 2017). This same theory will help to identify other cases to which the results are generalisable (Yin, 1994). Ridder (2017) states that this type of case study research is strongly related to literal replication, which relies on strict comparisons, and controlled theoretical advancement. Through this, mechanisms can be identified, notions of causality can be strengthened and generalisable statements can be made (Ridder, 2017). The aim of the current study is indeed to contribute to the development of theory concerning change through exchange, thereby creating understanding of the conditions for change to occur. This understanding can ultimately be used to identify as well as inform other (potential) cases, and can therefore be considered generalisable to specifically defined other cases. Practically, locating factors that contribute to change in the case of international exchange, can inform those who want to use international exchange as a means to develop their organisation through *recognisability* of such factors, rather than through the expectation of generalisability of possible effects.

## Chapter 3

The following chapter will make a start with uncovering conditions that are expected to be of influence on individual and organisational change as a result of the Malawi-Netherlands exchange, by describing the particular contexts of the involved organisations.









Cases in context

One of the most important elements in case study research is acquiring a thorough understanding of the context of each case. A case's context should be seen as an integral part of a case, rather than an external factor that needs to be taken into account. My first introduction to the care organisations involved in this study, was through meeting the main contact persons in their own organisation (in the Netherlands) and during a conference where their organisation's approach was presented (in Malawi). Walking into one of the care facilities in the Netherlands, already gave me a first insight into the ambiance and culture of the location, which came across as lively, but ordered and peaceful at the same time. Meeting the main contact persons from both organisations showed their dedication to their work, as well as an eagerness and curiosity to be involved in exchange and the research, as a means of developing their organisations and themselves.

In this chapter I describe the national and organisational contexts of Stichting Zorgcombinatie Marga Klompé and the Catholic Health Commission of the Archdiocese Blantyre, which may play a role in change as a result of international exchange. The aim of this chapter is to answer the research questions on the foreign and own contextual conditions facilitating change, namely: *What are the foreign contextual factors (RQ 2a), the organisational conditions (RQ 2c), and the wider contextual conditions (RQ 2d) that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?* These research questions will be answered using desk research, interviews with participants of previous work visits organised by SZMK, and the preparatory visit to Malawi.

In section 4.1 I describe the wider and organisational context of SZMK, which may form starting points for learning for the visiting exchange participants from Malawi in the form of *foreign* contextual factors facilitating individual or organisational change (RQ 2a), and provide SZMK's *own* organisational setting in which change can take place after an international exchange (RQ 2c and 2d). In section 4.2 I describe the wider and organisational context of Blantyre CHC, which may form possible *foreign* starting points for learning for the visiting SZMK exchange participants (RQ 2a), as well as Blantyre CHC's *own* organisational and national setting (RQ 2c and 2d) influencing the possibility of change to occur in Blantyre CHC, as a result of the Malawi-Netherlands exchange.

## 4.1 Netherlands: Stichting Zorgcombinatie Marga Klompé

### 4.1.1 Healthcare system in the Netherlands

The people of the Netherlands are among the richest in the world, ranking fourth in the world both in terms of net assets per capita (Allianz Global Wealth Report, 2014) and on the human development index (UNDP, 2013). In 2013, the Dutch government had the

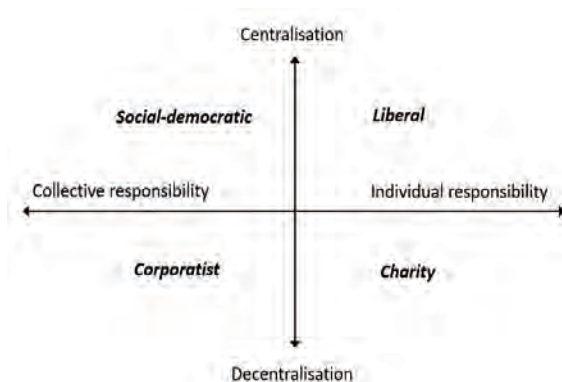
second largest annual healthcare expenditure in the world, with 11.1% of GDP (OECD, 2015). When it comes to long-term care provision, the Netherlands ranked among the top five countries allocating most of its public expenditure on long-term care services in Europe (more than 2.5% of GDP), and was the second largest in its percentage of formal care users, with around 28% of elderly using formal care at home or in an institution (Kraus et al., 2010). Compared to other European countries, the Netherlands had a relatively small proportion of informal care use (around 7%) (Kraus et al., 2010).

As in other European countries, the provision of long-term care in the Netherlands is divided between the state, the market and informal caregivers. The importance and relations between these sectors are largely dependent on the history and ideology of the country's welfare state (Anderson, 2012). In his influential book on welfare capitalism, Esping-Andersen (1990) introduced a typology of welfare states in Western countries, with three main ideal types:

- *Social-democratic welfare states*, whose main features are high levels of benefits and services provided by the state, a universal insurance system, and no role for the market. Scandinavian countries form the prime examples of this type of welfare state.
- *Liberal welfare states*, whose main features are means-tested assistance, modest social insurance plans and a strong role for the market. This type is also known as the Anglo-Saxon model (Delsen, 2012). Examples are the United States and the United Kingdom (Van Hooren, 2012).
- *Corporatist-statist welfare states*, whose main features are means-tested social insurance, varying according to individual income. This type of model is also known as the Bismarck model (Delsen, 2012). These regimes are also typically influenced by the Church, and adhere great value and allocate responsibility firstly to the family. Examples are France and Germany.

Figure 4.1 presents a helpful visualisation of the four quadrants determining the type of welfare state, with collective versus individual responsibility on one axis and centralisation versus decentralisation on the other. Beside the social-democratic, liberal and corporatist welfare models, the fourth quadrant on the lower right reflects societies before welfare states were founded (Delsen, 2012). In this "charity" model, state involvement is absent and solidarity is organised in small communities and via private charity.





**Figure 4.1.** Esping-Andersen's (1999) types of welfare states (Source: Delsen, 2012)

While the first elderly homes in the Netherlands were already established before 1600, its number greatly increased from the onset of industrialisation in 1850 (Damhuis & Bovens, 2012). Under the influences of industrialisation, people became older but families were less able to take care of their elderly members. The first legislation on elderly homes (the Elderly Home Bill) was passed in 1963 under the then Minister of Social Work, Marga Klompé. This legislation aimed to improve the sometimes very poor living conditions in elderly homes, for example through compulsory supervision of privately run elderly homes (Damhuis & Bovens, 2012).

Around the turn of the millennium, the elderly care regime in the Netherlands was mostly characterised by elements of the social-democratic model. A public long-term care insurance scheme called the "General Exceptional Medical Expenses Act" (Algemene Wet Bijzondere Ziektekosten or AWBZ) entitled every Dutch citizen in need to be able to receive home and residential care. Long-term care in many other EU countries applied more thresholds than the Netherlands, explaining the relatively lower number of users in those countries (Delsen, 2012). Compared to other EU countries, less emphasis was put on individual responsibility and local governance in the Netherlands. Clients could opt for a personal budget, which they could employ independently for their own carer, including family members (Van Hooren, 2012).

In 2003, the Dutch government decided to move towards a system of managed competition by 2006, with the degree of regulation and competition varying among different submarkets (OECD, 2002). In 2006, the "Health Care Insurance Act" (Zorgverzekeringswet) was adopted, introducing new compulsory private health insurance for essential curative care that took away the distinction between private and public health insurance. Thus, one big health insurance market was created (Delsen, 2012). In 2007, parts of the General Exceptional Medical Expenses Act (AWBZ) were shifted to the new "Social Support Act" (Wet Maatschappelijke Ondersteuning or WMO) and became the responsibility of the local authorities (municipalities). Responsibilities

in health and welfare services were divided: medical care remained the domain of the General Exceptional Medical Expenses Act (AWBZ) and local governments became responsible for ensuring a cohesive health care and welfare policy at the local level (Delsen, 2012). Support services such as domestic help, transport, facilities for the disabled and meals on wheels were covered by the Social Support Act (WMO). The underlying principle of the Social Support Act (WMO) is to actively involve citizens in the solution of problems with social assistance (Mot, 2010). When this is not sufficient, they can apply to the municipality for further assistance. On the 17<sup>th</sup> of September 2013, the government, in the person of the Dutch King Willem-Alexander, first introduced the term “participation society” to the larger public in his first annual address after his ascension to the throne. He declared the arrangements of *“the classic welfare state of the second half of the 20th century unsustainable in their current form”* (Troonrede, 2013) and stated that the shift from the Dutch “care state” to a “participation society” would be especially apparent in social security and long-term care.

The ‘participation society’ quickly became a well-known and often-used term to describe the type of society the Dutch government envisioned as an ideal to strive towards in the face of demographic changes. In 2015, the Social Support Act (WMO) was changed further, with its responsibility now completely falling under the municipal governments. The goal of the new WMO is described as *“allowing people to participate in society as long as possible”* (Wet Maatschappelijke Ondersteuning, 2015). Practically, this is translated to the goal of having people live at home as long as possible and “participate in society”. This generally means that people are expected to actively contribute and/or participate in activities benefiting and promoting cohesion in society. According to Delsen (2012) participation is considered the most effective way of absorbing the costs of ageing and encouraging social cohesion. Municipalities can offer people individually tailored support, such as domestic help or tools that enable them to remain mobile in and around the house, a personal budget, or communal services such as group activities in a neighbourhood centre.

In Delsen’s (2012) description of the Dutch welfare state reforms in the first decade of the new millennium, he first places the Dutch welfare state somewhere on the left-hand side of figure 4.1, towards collective rather than individual responsibility, and somewhere between centralisation and decentralisation. This therefore falls somewhere between the social-democratic and corporatist type of welfare state. However, the major reforms in the past decade contain clear elements of the liberal welfare state, such as privatisation of social security and the introduction of market forces in professional care provision as well as an increased emphasis on individual responsibility. This implies a shift towards the liberal model. At the same time, rapid decentralisation towards the local municipal level was taking place. Recent reforms put even more emphasis on competition, decentralisation and individual responsibility (Delsen, 2012). This implies a shift towards the right and the bottom of figure 4.1. The

fast increasing number of food banks and users thereof, and the promotion of civil society, which was also taking place, fits into the description of the fourth quadrant (the charity quadrant) which actually falls outside the category of welfare state (Delsen, 2012).

Similar to other Western European countries, the percentage of women working in the care sector in the Netherlands is around 84% (Graven & Krishnan, 2018; AZW Statline, 2018). The Netherlands are, however, unique in the sense that most of these women work part-time (70% versus mostly below 40% in other Western European countries) (Graven & Krishnan, 2018). The average age of 42 in the care sector is a little higher than in other Western European countries, and relatively many older employees work as nursing, care and home-based care professionals (CBS, 2018; AZW Statline, 2018): i.e. in 2018, 23% of professionals working in the care sector were over 55 years old.

#### 4.1.2 Changes in the care context the Netherlands

The healthcare reforms taking place during the time of the research were the topic of heated public debate, including various different involved actors, such as clients, informal carers, representatives of care organisations, interest groups and politicians (Kiwa Carity, 2013). What these parties had in common was the conviction that, where elderly care was concerned, the large changes required a different attitude from care organisations and health workers alike. The changes in the healthcare system were accompanied by an increased focus on community care, as well as a growing expectation of elderly people being able to cope more independently, with a decreasing role of professional care.

Within elderly care organisations, the changes in the healthcare system required large adjustments. At the managing levels of care organisations, increased flexibility and creativity was often considered essential to respond to the increasing individualisation of care, the continuously growing importance of the clients' own control over the care they received, and changes in the way in which care was financed (Kiwa Carity, 2013). For example, a report by an organisation representing a collective of national groups of care professionals from facility-based and home-based elderly care considered flexibility to be the "*key to tomorrow's elderly care*" (Nubasta, 2011: p. ?). Flexibility of care professionals was considered necessary in terms of attitude of the care professional, for example about their availability, but also in the way they were organised. Many organisations started to form self-managing, autonomous teams, which enabled care providers to react more quickly and adequately to different situations (Kiwa Carity, 2013), and which reduced the costs due to the reduction of the number of managers.

This new way of working not only required increased flexibility of care professionals, but also a greater professional autonomy (Kiwa Carity, 2013; Dijkstra & Ploegstra, 2010; Nubasta, 2011; Van Limpt & Schutte, 2011). This included the ability to listen to

the individual client's care demands, and the ability to respond adequately to these demands. In many cases, this would also require a different professional attitude, with more emotional distance and the ability to manage care around the client, also incorporating informal care, instead of taking over all care for a client (Van Limpt & Schutte, 2011). Essentially, these changing demands on care professionals required a higher level of training. Leadership and management was also considered to be in need of change, as their coaching role in guiding the process of developing professional autonomy, competencies and self-reflection of care professionals would have to become more central (Kiwa Charity, 2013).

The most important criticism of the way of working in care by Dutch care professionals themselves was the lack of the “human dimension” in care, due to the increasing number of rules and regulations and the accompanying administrative burden put upon them (VvAA, 2014; Nubasta, 2011). Instead, many care professionals wanted less regulations and more humane and inspired care, with *“time for reflection and attention to core values such as trust, cooperation, kindness, professional autonomy and (com) passion”* (VvAA, 2014).

In fact, according to Wierdsma and Swieringa (2011), the changes in the healthcare sector resemble changes that were happening in other sectors at that time: *“Nearly all large bureaucracies, in which ever sector (...) are busy implementing new forms of organisation (...) with credo's such as demand-driven way of working, client-centeredness, delegation of responsibilities, result-responsible management”* (p. 11). Wierdsma and Swieringa (2011) observe a large congruence in the type and direction of organisational changes across different sectors, which seem to all include such elements as: a division of large, supply-oriented organisations into smaller, demand-driven units; a larger degree of autonomy for parts of the organisation and more room for self-management at lower levels of the organisation; and a transformation from directive to supportive management. Indeed, these broader changes also describe those in elderly care organisations at the onset of the study very well.

To summarise, the important contemporary changes in the Dutch elderly care sector at the time of the study, which can also be considered to be important contextual factors in my study, include the change from:

- a centrally organised “care state” to a decentralised “participation society”;
- mostly institutional elderly care to more home-based care;
- mostly professional elderly care to the inclusion of more informal care;
- care professionals taking over all care for the client to care professionals that stimulate clients' autonomy and manage care around the client, using their social environment;



- being directed by regulations and protocols to putting the human dimension first.

#### 4.1.3 Stichting Zorgcombinatie Marga Klompé

##### **Background**

Stichting Zorgcombinatie Marga Klompé (SZMK) is the result of a merger of ten care facilities from 1995 until 2006, in the East of the Netherlands (East-Achterhoek and Lochem, see figure 4.2). The organisation provides care to clients with psychogeriatric or somatic problems (living at home or in a SZMK care facility), and clients living in a SZMK care or nursing home. In 2015, SZMK provided care to 980 clients, employed 1618 professionals (992.9 FTE) and 1250 volunteers (SZMK Annual report, 2015). SZMK delivered care on 14 different locations, where 59% were nurses and 31% nurse assistants. Ten percent of SZMK employees were employed in SZMK's Home-based Care branch.



**Figure 4.2.** Dutch municipalities where SZMK operates (Source: <https://www.regioatlas.nl/kaarten#>)

The name of the organisation refers to dr. Marga Klompé, who became the first female Dutch minister in 1956, heading the department of Social Work. She initiated important social welfare legislation, such as the Social Security Bill and the Elderly Home Bill of 1963. The name was chosen as a means of acknowledgement and appreciation for Marga Klompé, whose motto was *“every person matters in society”*, and whose legacy

emphasises the importance of volunteers and women in care (SZMK website, 2018). The choice of a name for SZMK was described by Damhuis and Bovens (2012),<sup>4</sup> who emphasise the importance of love, relationship and nearness in Marga Klompé's legacy, considering the name to have both a guiding and a bonding function for SZMK:

*Her name provides the organisation with a spirit that can rely on her intellectual legacy and the community that is involved with it. (Damhuis & Bovens, 2012, p. 190)*

Marga Klompé emphasised that quality of care is determined by a relationship of nearness between those who give and those who receive care. This forms the essence of care and is also the reason why most care professionals choose that profession to begin with (Damhuis & Bovens, 2012). Through this choice of a name, SZMK honours Marga Klompé's achievements and shows the belief that love is the essence of care, and that it is possible to provide elderly care in a good and humane way. These principles were deemed especially important by SZMK's board of directors in the contemporary context, where care was often represented as a factory "producing" care.

With the choice for the name Marge Klompé, the board of directors wanted to represent the key values of the organisation. The importance of shared values within the organisation was recognised by the Management Team and the managing director at the onset of the research as well. Damhuis and Bovens (2012) describe how SZMK had just finished developing a set of core values as a means to unify the organisation's members through a common identity and provide direction in people's work. The authors write that due to the many mergers which formed the SZMK, multiple management layers were added, widening the distance between Management Team and those that actually provided care. Following popular contemporary management literature, SZMK's Management Team believed that formulating and carrying out mutual values was one of the possibilities to bridge the distance between the many layers of the organisation. In order to formulate key values, managers were given the assignment to come up with a mission statement that would appeal to all employees. Through allowing care professionals to tell stories about incidents that were stimulating for them and discussing these in an employee conference, a first list of values was created. The most important values that came up through these stories were respect, humour and fun. Other important values were wellbeing, privacy, patience, appreciation, trust, positive, empathy and hospitality. On the basis of this list, the contemporary context and the input of Marga Klompé's younger sister, the Management Team decided on the following guiding core values: equality, safety, reliability, solidarity and involvement.

4 Gerrit Damhuis is an external consultant advising SZMK's Management Team for a number of years around the time of the research. Maddy Bovens was sector manager at SZMK and project leader for the project "Every person matters" ("Elk mens telt"). She later became one of the project members monitoring and advising this research.

These values form the basis for SZMK's mission statement, but are also represented in the architecture and care approach, aiming to create a home-like environment, and in many smaller projects carried out in specific locations.

The importance of humane values were applied both to SZMK's clients and its employees and volunteers, as the following quotes show:

*SZMK wants to be known in her working area as a humane care provider and a social employer.*

(SZMK Jaardocument, 2012, p. 40)

*The most important thing for a service provider is to make its clients happy. And we do. For the second consecutive year SZMK scored very high in the national client satisfaction study. Especially noteworthy are the results for Home-based Care. Staggeringly high is the appreciation of our Home-based Care clients. But happy clients alone is not enough. In order to have happy clients you need happy employees. Thankfully again SZMK scored considerably above average. The same holds true for volunteer satisfaction. In a time where everything is shifting, it is important that we keep this momentum. (SZMK's managing director in Margazine, Winter 2013, p. 2)*

SZMK's employees indeed seem to appreciate their organisation. In the annual employee evaluation study of 2013 employees rated working conditions 7.6 out of 10, and scored particularly high on pride in SZMK as an employer and loyalty (SZMK Annual report, 2013). This loyalty was, for example, reflected in the low staff turnover rates (SZMK Annual report 2013). Indeed, my impression as an outsider visiting numerous locations of SZMK and interviewing and talking to clients and staff, was that of a warm organisation, with involved, positive employees and clients that were treated as if being (and obviously feeling) at home. While at the time of the research poor quality standards and excessive work pressure in elderly care were heavily debated following some negative examples discussed in the Dutch media, SZMK professionals felt that these situations and the accompanying negative image associated with elderly care did not apply to their situation at all. Many SZMK professionals I talked to, considered these problems to be more related to elderly care provision in urban areas, and some also believed the negative stories to be based on incidents and unrepresentative of the sector as a whole.

While SZMK is a secular organisation, religion is recognised as an important aspect of its clients' lives and wellbeing, for example through facilitating such activities as weekly church services within the elderly homes. Furthermore, as Marga Klompé was a devout Catholic, some values that are traditionally related to Catholicism can be considered to be represented through Marga Klompé's legacy.

Before the start of this study, SZMK already had valuable experience with international exchange, showing the managing director's belief in its merits for the organisation. Board members and care managers were sent to Denmark around the turn of the millennium in order to learn about small-scale care. In the following years, a cooperation between SZMK and Emory University, Atlanta, in the United States, led several higher and mid-level managers to visit Atlanta, in order to learn about different care approaches, such as the Planetree philosophy and how to include hospitality principles in elderly care organisations. SZMK also received some students from Emory University to work as interns at SZMK. The international work visit experiences and the motivation behind them reflected the SZMK's managing director's willingness to innovate, at that time:

*It is always difficult to make choices. Things we now considered a success, such as the transition from large-scale psychogeriatric care to group dwellings, were far from undisputed when we made that choice. The years ahead will not be different.*  
(SZMK managing director in Margazine, Winter 2013, p. 2)

However, as the following will show, due to the large changes in the care sector during the time of the research, the perceived relevance and support for organising international exchanges came under increasing pressure.

### **Changes and challenges**

The changes in the Dutch care sector that were put in motion in 2013, were illustrative of the changes within SZMK that occurred during the time of the study. To recapitulate, changes in the Dutch care sector included the change from a centrally organised "care state" to a decentralised "participation society"; from mostly institutional elderly care to more home-based care; from mostly professional elderly care to the inclusion of more informal care; from care professionals taking over all care for the client to care professionals that stimulate clients' autonomy and manage care around the client, using their social environment; and the change from being directed by regulations and protocols to putting the human dimension first. These societal changes and the way in which these were experienced within SZMK are described below, illustrated by quotes from the retrospective interviews with participants from previous international work visits.

#### **From centrally organised care state to decentralised participation society**

The decentralisation of the organisation of care from the central to the local government (municipality), involving budget cuts and changed regulations concerning thresholds for receiving care, was at the forefront of Dutch policy during the start of this study in 2013. As the following quote from a higher management level respondent from the interviews on previous SZMK international work visits shows, these changes were a cause of great concern among SZMK's health workers at that time:

*The pace at which this is all dismantled. Terms such as putting people in their own strength, I think, are concealing. It is possible to direct at the local level, but there are limits to what municipalities are able to handle. I think it is asking too much. Especially given the budgets. (...) Municipalities are struggling. I have seen little of practical implementations. Due to the budgets a lot has to come from the informal sector.*

(Respondent 9,<sup>5</sup> Interview previous SZMK international work visits)

In anticipation of the government-led changes in the healthcare system, there was a large change in policy direction at SZMK between the year 2012 and 2013, primarily due to changed expectations concerning future health worker demand. In 2012, SZMK's board of directors still expected a *shortage* of employees in the future, as the following quote shows:

*Since knowledge and skills are scarce in a time of fast developments, continuous investing in these through schooling and counselling at the workplace is important. (...) Partly due to ageing, few new employees come in through regular educational channels to fill all SZMK's vacancies that are necessary to keep being able to deliver qualitatively first-rate care. (SZMK Annual report 2012, p. 37)*

For this reason, SZMK was involved in organising possibilities for re-education to attract care workers from other sectors. Another, more long-term and explorative action was to initiate the research programme that this study was a part of, which initially aimed to explore the possibilities of circular migration of health workers from African countries. When the large number of changes and cutbacks in the elderly care sector were announced in the new government coalition agreement in October 2012, this completely changed SZMK's board of directors' frame of mind:

*With the increasing market forces, system changes and cutbacks, the playing field looks completely different for SZMK. (...) SZMK foresees several different external influences that impact our services and products. (...) Even though there are still a number of uncertainties when it comes to the definitive government policy, it is certain that there will be considerable cutbacks that will be accompanied by a loss of production (...) The client demands are becoming increasingly diverse, care assessment increasingly strict, and the duration of stay increasingly short, causing higher vacancy rates and higher turnover. The mentioned measures have large consequences for the organisation of care for clients and the continuity of management. SZMK believes that they need to anticipate the (possible) changes. (...) Possible consequences for client groups, real estate and employees have been*

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5 The numbering of the participants of previous SZMK international work visits refer to the numbering used in chapter 5 (section 5.1).

*presented during a mid-level manager field day, partly to create a mind-set of decline and change within the organisation. (...) SZMK's strategy has been reassessed and different scenarios have been devised that will guide SZMK's strategy for the far and medium-term future. (SZMK Annual report 2013, p. 18)*

So, within only one year, the mind-set changed from one where different possibilities were explored to attract more employees, to a mind-set of decline, directly influencing policy:

*In anticipation of the different developments in elderly care SZMK has instigated a recruitment freeze starting mid-2013. At the same time, the possibility for extending temporary contracts will be looked at critically. (SZMK Annual report 2013, p. 32)*

For those organisational parts of SZMK offering facility-based care, the governmental changes were already felt to have an influence on the supply and type of clients in 2013. Due to the increased personal costs and changed regulations concerning the thresholds for being allowed to qualify for a nursing home, waiting lists already diminished and more clients requiring more demanding care remained. Thus, the urgency of the short-term effects of relative drops in client numbers completely overtook the longer-term consequences of ageing, i.e. increased labour demands, in the perception of most of the people I spoke to at SZMK. The following quote from a Management Team-level respondent illustrates this:

*You can already see family members cancelling admission of clients after they have seen the financial picture. Waiting lists are evaporating in front of our eyes. You can really see change. With part of the people who cancel, the admission is only delayed until the problems are even more serious and they can really no longer make it at home. Then they enter here with an even greater care need. Part of the people might not even come at all because they die at home. I think that that is the development we will see.*

(Respondent 9, Interview previous SZMK international work visits)

As discussed in chapter 2, this mind-set of decline did not only influence SZMK's policy around the time of the research, but also greatly influenced this study, which therefore changed its focus to organisational culture change.

### **From institutional to home-based care**

The changes in financing and organisation of the health care sector was at the root of many changes within SZMK, including the growing reliance on home-based care versus institutionalised care. One of the respondents from the retrospective interviews was head of SZMK's Home-based Care branch, and could explain perfectly the current challenges and proposed directions of change for SZMK, related to the shift from facility-

based to home-based care. The following quote shows how SZMK was on the verge of expanding the role and importance of home-based care, trying to incorporate that in their approach as a whole:

*Home-based care is a separate branch of the organisation. We did not originate from a facility-based organisation. We started ten years ago with one client, and currently have 600 clients (...) There are a lot of players on the home-based care market. (...) There is much less competition on the facility-based care market. (...) The type of care professional in SZMK's home-based care is pragmatic. It is very much based on the reality of every day and every client being different. (...) [in home-based care] you have to think about what you see and how to handle it. (...) We are also very much looking at how we fit in the whole organisation. Where are the links between sectors. Until now, home-based care was a separate part, where also some of the experiments took place. But if we have to turn our organisation around due to the changes in the AWBZ and become 60% of the organisation, then this will be the heart of the organisation. That is the exciting story. How are you going to do that?*

(Respondent 5, Interview previous SZMK international work visits)

This quote shows that what set the situation of the home-based care branch and its workers apart from their facility-based equivalent, was the greater amount of competition from other care providers that they had to deal with and the need for care professionals to be more autonomous and flexible. Indeed, the same professional skills that became desired qualities for facility-based workers as well.

While the home-based care branch was becoming an increasingly important part of SZMK, the institutional part of the organisation also needed to go along with the shift towards community-based care, by opening up their facilities much more to the community, and actively offer services or link with other services at community level:

*We are already trying to, on a small scale, incorporate our surroundings at neighbourhood level. Due to the [Social Support Act] WMO and the continuing process of moving towards extramural care at neighbourhood level, this will become increasingly important. Everything is pointing in the direction of operating with units at neighbourhood level, neighbourhood nursing, social neighbourhood teams. In that respect we still have a long way to go as an organisation.*

(Respondent 9, Interview previous SZMK international work visits)

### **From professional to informal care**

For SZMK's board of directors, a very important key to successfully meeting the challenges of the care sector was acknowledged to be incorporating family carers and volunteers:

*With a government that increasingly cuts back on elderly care the question is how we can make elderly care durable. Part of the solution can be found in combining voluntary and family care with professional care.*

(SZMK's managing director in Margazine, Winter 2013, p. 2)

This realisation also came up during the interviews with SZMK's management members who participated in previous international work visits, as the work visits to Denmark and the United States emphasised how SZMK could still improve a lot in that area:

*How do you utilise volunteers in a different way? In Denmark and the U.S. we have seen that they utilise volunteers, informal care, in a different way. That requires a very large cultural change. It is complicated for employees to understand. They want to continue in the way they were used to, but that is not possible in small-scale care. The facilities are smaller. There is more need for negotiation.*

(Respondent 1, Interview previous SZMK international work visits)

4

#### **From all-encompassing care provider to autonomously managing care around the client**

Several mid- and higher-level managers in the retrospective interviews commented on the changing expectations concerning SZMK's care employees, and the difficulties that go along with it. Having a more "institutional" mind-set and way of working was generally believed to be outdated, and a more autonomous, and flexible care employee who is able to manage client-oriented care, was deemed desirable to be able to work successfully under the changed conditions. While this already had its influence on SZMK's hiring policy, with SZMK changing to hiring higher trained personnel fitting this desired description more closely, achieving another way of working in people who had already worked in a more "institutional" way for years was considered very difficult, and sometimes impossible. The following quotes illustrate the changing expectations concerning SZMK's care employees and suggest that exchanges may play a role in achieving this:

*The transition is largest for [care professionals] from nursing homes, who are used to take everything out of clients' hands. (...) Some find it a problem to lose control, because in the end they are responsible. (...) Most care professionals are real doers. That makes it really difficult. (...) In our vision it says that first the client, then the informal (family) caretaker and then the volunteer decides what happens. It is difficult for employees to handle the whole social system. In a nursing home setting you could still avoid difficult situations by leaving it to a manager. You could always retreat. Now you have to do it.*

(Respondent 5, Interview previous SZMK international work visits)



*The challenges are: not to offer all-encompassing care, but only in those areas where the client cannot organise it. Exchanges at all levels will be important to contribute to that. How to change something someone is used to doing for 35 years and still retain the passion?*

(Respondent 1, Interview previous SZMK international work visits)

This change of expectation of care professionals becoming more autonomous was reflected in a drastic organisational change that was implemented in 2015. Due to unforeseen circumstances, the composition of SZMK's Board of Directors was in a continuous state of change between 2013 and 2017. When the drastic governmental policy changes in the elderly care sector took effect in 2015, the newly composed Board of Directors at that time decided to implement a radical change within the organisation as well, taking out a complete management layer and transferring responsibilities and tasks to the level of the care professional. The latter were now expected to work in self-managing teams. This change was described in SZMK's annual social report (2015) as follows:

*SZMK's Board of Directors and the Management Team have committed themselves to continue to search for means of improving the quality of care, and develop a new (demand driven) relationship nearer the client. In this new direction, appropriate behaviour and the right competencies play a large role. We are currently working hard at this through internal trainings and creating a horizontal organisation with room for task maturity and self-organisation within the (care) teams. In 2015 we have also worked on linking informal and formal care. After all, the changes in care ask a lot of the elderly client and his family / informal caregiver. In dialogue with them and with volunteers and employees everyone's new role in this was discussed. (...) By implementing these task-mature<sup>6</sup> teams, SZMK will organise care and wellbeing closer to the client and his social environment. This will create more independence and control for the client. The improvement plan should lead to a permanently healthy organisation that offers qualitatively good and demand driven care, now and in the future. (SZMK Annual social report, 2015, pp. 3-9)*

By forming task-mature teams, the organisation aimed to make the relation between the client and the professional the essential, focal point of care. Through this relationship, the professionals, family caregivers and volunteers were expected to work together to support the client. The direction of care was expected to be determined by the client and the professional, with the organisation only playing a supportive and facilitating role. The following excerpt from SZMK's 2016 annual report illustrates the changed

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6 Task maturity refers to the degree of competence a person or team has concerning a specific task. The higher the degree of task maturity, the less direction is needed from managers (EBA, 2018).

expectations concerning clients and employees, echoing the wider contextual desired changes:

*SZMK enables clients to give shape and meaning to their own lives as long as possible. Where clients experience shortcomings, we provide support (...) focusing on the experience of the client. (...) We offer our employees possibilities to develop themselves. We expect from them involvement and self-initiative.* (SZMK Annual report, 2016, p. 3)

### **From focus on regulations and protocols to focus on human dimension**

Another important shift which was already ongoing for a number of years at SZMK was that from focusing mainly on medical outcomes, or quantity of life, towards clients' wellbeing, or quality of life:

*The most important current theme is wellbeing. How can you put wellbeing first.*  
(Respondent 3, Interview previous SZMK international work visits)

4

While perception-oriented care and small-scale care, which was practiced at SZMK, already strive towards clients' wellbeing rather than purely at quantity of life, the retrospective interview respondents mentioned that especially when it came to outcome measures of quality of care and accompanying precautions and protocols, these were still purely aimed at medical outcomes. In 2012, SZMK's managing director stated<sup>7</sup> that the dehumanising aspect of care would form one of the biggest challenges of the future. He suggested care offered within a family or community context could offer an interesting perspective for care in which the human aspect would be its guiding principle.

### **From stability to innovation-oriented**

Finally, the following quote shows how there is a perceived need for the organisation to be more innovation-oriented, in order to respond appropriately to the societal changes:

*You have to be open to it and be curious. A lot of new things are happening, but the care system is different. Now we have to be innovative too because of the change in our care facilities. (...) We are free to carry out innovations, but still we are conservative. The care sector is not so entrepreneurial.*  
(Respondent 6, Interview previous SZMK international work visits)

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7 Speech given by SZMK's managing director on the international conference "A bouquet on the table" organised by Tilburg University with SZMK and the international development organisation Cordaid on November 16<sup>th</sup> 2012, honouring the 100<sup>th</sup> birthday of Marga Klompé.

The above quote illustrates the felt need within SZMK to incorporate innovations as a means to meet the current challenges, but also indicates how the Dutch care sector generally is not yet that open to innovations.

## 4.2 Malawi: Catholic Health Commission of the Archdiocese of Blantyre

### 4.2.1 Healthcare system in Malawi

With about 60% of the population living below the international poverty line of 1.25 USD a day, Malawi is one of the poorest countries in the world (GLD, 2016). The majority of the 15 million population live in rural areas and depend on rain-fed agriculture for their livelihood (Ustrup et al., 2014). Most important health threats in Malawi include infant mortality and a very high burden of diseases such as HIV/AIDS, malaria and tuberculosis. Indeed, about half of the Malawian population rates their health as being very poor or poor (GLD, 2016). According to the World Health Organisation's 2000 World health report (WHO, 2000), Malawi's health system ranks number 185 out of 190 countries, which is the lowest ranking among countries not affected by civil wars, but still ranking lower than some war-torn countries. In contrast, in this same report, the Netherlands ranked number 17 (WHO, 2000). The largest problems in Malawi's national healthcare system include a shortage and uneven distribution of trained health workers, a shortage of essential drugs and medical supplies, and limited access to health services (Malawian Ministry of Health, 2011). In 2013, WHO reported that there were only 0.2 physicians and 3.4 nurses per 10,000 people, while only 46% of Malawian citizens lived within a 5 km radius of a health facility. Although most public health services were free for the patients, the costs associated with transportation to and from a facility often formed an insurmountable obstacle for seeking and receiving care (WHO, 2000).

Ustrup et al (2014) reports that the Malawian government spent 2.1% of GDP on health, making up about 18% of total healthcare expenditure. The rest is provided through donors. This type of healthcare system therefore resembles the 'charity' model category (Delsen, 2012; figure 4.1) most closely, which falls outside the typology of welfare states, discussed in section 4.1.1. Over 60% of health services are provided in public hospitals and health centers, 37% by the private non-profit Christian Health Association of Malawi (CHAM), and the rest by individual private for-profit health practitioners, including the still widely used traditional healers (Unicef, 2000). The public health system has three separate tiers: primary, secondary and tertiary care. Primary care, which forms the bulk of healthcare in Malawi, consists of health posts, health centers, and community-based outreach, which includes Community Home-based Care (CHBC). About 70% of the health work force in Malawi is female (USAID, 2019).

According to Aantjes et al. (2014), CHBC already existed for a long time in Malawi, but was not formally recognised due to the fact that caregiving is considered a responsibility in Malawian culture. Aantjes et al. (2014) describe how during the 1980s, a large number of volunteers was recruited by non-governmental organisations (NGOs) providing home-based, palliative care to people with AIDS. Throughout the 1990s and 2000s these initiatives grew with international funding, since these organisations helped mitigate the shortage of medical personnel. Later on, these organisations also became important in supporting patient recruitment, and encouraged adherence and retention to Antiretroviral Therapy (ART) programmes. The introduction of ART in Malawi in 2004 and 2005 led to an adaptation of the CHBC programmes, as a response to the changing needs as well as the growing population of HIV-infected and affected individuals and their families. In 2010, the prevalence of HIV in Malawi was 10.6% (National Statistics Office Malawi, 2010), which is one of the highest in the world. In 2012, approximately 76% of the 480,000 HIV patients in Malawi who were eligible for treatment received ART. Besides the existing need for home-care, the need for adequate nutrition, cash income and psycho-social support increased, leading to such changes in CHBC programmes as initiating activities to obtain food for HIV patients through local charity.

While the CBO/FBOs involved in CHBC first operated independently, in 1993, the National AIDS Commission started to coordinate and fund such organisations to undertake community-based interventions including care and support for people living with AIDS, as part of the national strategic framework (Pindani et al., 2013). In 2005, further standardisation and coordination of CHBC programmes were supported by the Malawian government through its national CHBC policy. In 2011, this CHBC policy was updated to incorporate other beneficiaries, including people living with other chronic conditions, elderly, and malaria patients (Malawian Ministry of Health, 2011). In Phalombe district, where the field visits for this study took place, patients who were suffering from (the effects of) epilepsy were also supported through CHBC, as epilepsy was relatively common in that district. The national CHBC policy defines the practical role of different actors involved in CHBC, including trained health workers, health surveillance assistants,<sup>8</sup> support groups, community volunteers (in Malawi referred to as community care providers) and involved ministry staff. The delivery of CHBC services in Malawi is thus a responsibility of the Malawian Ministry of Health. According to Aantjes et al. (2014), in Malawi there is a notably strong link between the primary health care system and community caregivers, through the health surveillance assistants and community nurses, who in turn, work directly with primary and secondary caregivers. The Malawian case thus demonstrates a substantive level of coordination of activities by

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8 As a part of the primary healthcare system, the Ministry of Health deploys Health Surveillance Assistants who play an important role in health surveillance and monitoring, immunisation, health promotion and recruitment of HIV patients into the national ART programme (Aantjes, Quinlan & Bunders, 2014). They also provide support to, and supervise Community Home-based Care programmes in their designated areas.

different actors, addressing both social as well as the bio-medical aspects of healthcare (Aantjes et al., 2014).

CHBC currently plays a vital role in the provision of continuous care for patients who need long-term care, such as HIV patients, patients with age-related afflictions and noncommunicable diseases (Levitt, Steyn, & Bradshaw, 2011; Pindani et al. 2013). Indeed, according to the WHO, in this model for chronic care “community partners”, patients and family members are as essential as health professionals (WHO, 2002). Due to an increased emphasis on home-based care, as opposed to hospital care, an additional burden is placed on family members, particularly women, who have always been an important provider of long-term care for patients with chronic conditions including HIV/AIDS (Pindani et al., 2013). Indeed, in Malawi, women “*bear the brunt of the inadequacy of health services*” (White, 2007, p. 17), as they provide care to their family members as so-called “guardians”, even within Malawian hospitals. As such, the...

*... government has relegated its primary duty of care for its citizens to women for free. This is due to the fact that the gender role division of labour assigns to women the role of caring for the sick, thereby depriving them of the time to take care of their own health needs and engage in productive action.* (White, 2007, p. 17)

Community home-based care places the responsibility for caring of the patients in the hands of the community members rather than the family alone (Pindani et al., 2013). Voluntary community care providers are selected by community residents and leaders and operate in defined geographical areas. In Malawi they have also been found to fulfil tasks that require medical training, such as wound cleaning, after having received training from medical staff (Aantjes et al., 2014). Pindani et al. (2013) found that although caregivers find providing home-based care services to be a rewarding experience, it can be stressful, and lead to frustration especially when caregivers are untrained.

#### 4.2.2 Catholic Health Commission of the Archdiocese Blantyre

The Archdiocese Blantyre in Malawi (see figure 4.3) was headed by Archbishop Thomas Luke Msusa at the time of the research.



**Figure 4.3.** Map of Malawi (Source: <https://en.wikipedia.org/wiki/Blantyre>)

Covering an area of 9.2 km<sup>2</sup>, it is the biggest of the eight dioceses in Malawi, containing 7 districts (Phalombe, Mulanje, Thyolo, Chiradzulu, Blantyre, Mwanza and Neno), about 700,000 Catholics<sup>9, 10</sup>, divided over 40 parishes. The Catholic Health Commission of the Archdiocese of Blantyre is a faith based organisation belonging to the Archdiocese, aimed at promoting:

*... integral human development, equal access to health care services (...) and empowerment of the less privileged in society (...) through participation, mass mobilisation (...) civic education, training and institutional strengthening.*  
(Archdiocese Blantyre website, 2018)

Specifically, the Catholic Health Commission oversees and coordinates the provision of health services and programmes in its health and health-related facilities by “*promoting quality of life through delivery of comprehensive health care services to the community*” (Archdiocese Blantyre website, 2018). According to the website of the Archdiocese of Blantyre (2018), the Catholic Church has been involved in health interventions since

9 The information on the Archdiocese of Blantyre is partly based on presentations made during the Malawi visit (May, 2015).

10 Community Home-based Care delivered by the Archdiocese of Blantyre is also directed towards non-Catholics.

the early 1960s. In 2015, the Catholic Health Commission ran the following health institutions:

- three district hospitals, including the Holy Family Hospital in Phalombe, where the Dutch exchange participants were housed;
- seven health centres;
- two nursing colleges offering Nurse Midwife Technician Diploma certificate trainings (out of 8 in total in Malawi).

These health facilities were founded over 55 years ago by different religious congregations, but were gradually taken over by the Archdiocese of Blantyre. The services are financed through private individuals, companies, organisations and local and international development partners. Beside the health institutions, the Catholic Health Commission runs the following community-based programmes:

- Home-based care programme in Phalombe district, which is the setting for the Malawi-Netherlands exchange visit in Malawi;
- The Integrated HIV and AIDS Response in Neno and Blantyre districts;
- Sexual Reproductive Health and Rights in Mwanza and Neno districts.

The Catholic Health Commission of the Archdiocese of Blantyre participated in Cordaid's Performance Based Financing of Community Home-Based Care (PBF of CHBC) pilot from 1992 until 2013. Five CBO/FBOs from the district Phalombe, which is the main visited area during the Dutch exchange visit, participated in the pilot. As a part of this pilot, volunteers from the participating CBO/FBOs delivering community-based care services to clients received trainings, while official health workers verified volunteers' activities. The pilot aimed to increase the uptake of ART's and adherence, people's knowledge of their HIV status, the nutritional status of people living with HIV/AIDS, the quality and quantity of community-based care services, and CBO/FBO capacity. Community caregivers' activities included preventive services, such as distributing materials, being involved in awareness campaigns and voluntary testing and counselling. Care and support services aimed at impact mitigation included material and community support as well as encouraging people to continue to take their ART drugs. At the same time, the Health Commission of the Archdiocese *"takes the spiritual element of clients into consideration (...) Evangelisation is part of our work."* (Fieldnotes of presentation by Malawi exchange participant 1, MAL visit day 2).

The motto of the Archdiocese's CHBC programme was to:

*... provide hope to patients because it offers care in their natural setting, allows them to maintain independence and achieve the best quality of life.*

(Fieldnotes of presentation by Malawi exchange participant 1, MAL visit day 2)

At the same time, the community-based efforts form a relief for the health system. The funding of the CHBC programmes mostly depended on external sources, which were mostly development partners. During the time of the visit, resources were in fact becoming scarce, as many development partners, including Cordaid, do not support or no longer supported CHBC. During the time of the Malawi visit, Blantyre CHC aimed to empower communities to take over CHBC independently, in response to the drying up of funds and support from external sources.

Part of the CHBC approach of Blantyre CHC was to encourage and facilitate support groups for people living with HIV/AIDS, whose members also function as “expert” voluntary community caregivers. Currently, the goal was to use the CHBC structure to detect diabetes and hypertension and form support groups for these patients as well. Blantyre CHC was focusing more on taking a coordinating role, as the current situation demanded a change from service delivery to service coordination. Community caregivers were also instructed not to overtake too much care over clients, but rather to instruct and leave the responsibility with the family.

Phalombe district, where the field visits during the Malawi visit took place, was established in 1996. According to the 2008 population census it had 345,000 inhabitants. The district is divided in six traditional authorities, which are headed by head men or chiefs. As the Holy Family hospital, where the Dutch exchange participants stayed during the second week of the Malawi visit, serves people from outside the district as well, it covers over 400,000 people. Beside the hospital, there are 14 health facilities, of which four are from the Archdiocese of Blantyre, and ten are governmental. Approximately 81 CBO/FBOs are active in the district, of which 27 were supported by the National AIDS Commission, and four were supported by the local government. Five CBO/FBOs from Phalombe were selected to partner with CHC Blantyre during Cordaid’s PBF programme. Two of these were visited as a part of the exchange visit in Malawi for this study.

In order to get an idea of such a CBO, I will use the example of Phalombe Catholic Parish FBO, which was one of the CBO/FBOs visited by the exchange participants. This FBO was founded in 1996 by a group of villages, primarily in response to the large numbers of people living with HIV/AIDS, but also the numbers of disabled people. At the time of the visit in 2015, they operated in an area with a population of 9998, divided over 12 villages. With 51 active volunteers, of which 14 were male, 618 clients were supported. Clients consisted mostly of people living with HIV/AIDS (38%), orphans (27%) and elderly (16%), but also included people with health problems such as disability, epilepsy, tuberculosis, high blood pressure and people who have had a stroke. The volunteers supported their clients through drawing water, washing clothes, searching for food, working in their garden, planting maize, promoting HIV prevention, paying for school fees and uniforms, and through the provision of care, medicine, blankets and nutrition. The FBO was funded through monthly contributions of the volunteers, a



drop box for visitors, and through writing proposals for grants. The funds were mostly spent on school fees, training volunteers and the purchase of bicycles for volunteers to use for transportation to visit their clients. Through the PBF pilot funded by Cordaid the FBO received HIV testing and counselling training, a bicycle ambulance, financial management training, boxes to store medication, weighing scales and money intended for school fees.

### 4.3 Potential conditions for change

On the basis of the study of contextual elements at SZMK and Blantyre CHC, particular elements of the two care contexts could be identified, which form specific starting points from which learning and development could potentially take place. In this section I illustrate and complement these elements with the outcomes of an interview with a Dutch community care nurse who worked as a Community Home Based Care coordinator in Malawi at the time when the Malawi-Netherlands exchange was prepared. This community care nurse was interviewed during the preparatory visit made to Malawi (see section 3.2.2).

#### 4.3.1 Potential starting points for learning in the Malawian context

Malawi, where recent history has shaped the way care is provided in many of the more remote areas, offers interesting possibilities for Dutch health workers when it comes to learning about the organisation of support and care for vulnerable people in a different way. By supporting clients and their family in their own community, CBOs providing CHBC in Malawi are essentially an example for the type of voluntary community efforts that the Dutch government strives for. As such, the live example the Malawian health system offers fits in the already existing ideas within SZMK and the Netherlands as a whole, concerning a desired shift towards increasing community and home-based care. Particularly, Dutch health workers can potentially learn from the vast experience with (the organisation of) volunteers in Malawi. The Dutch community care nurse, who was interviewed during the preparatory visit to Malawi, also felt that this was one area in which the Dutch participants could potentially learn from their Malawian counterparts:

*Here in Malawi when a CHBC project starts, there is immediate involvement and training of volunteers. Volunteers are recruited per locality or neighbourhood. I would like to see that in the Netherlands as well. That works very well here.*

(Dutch community care nurse working as CHBC coordinator in Malawi during preparatory visit interview, 2013)

Furthermore, the confrontation of the Dutch participants with a care culture in which the level of professionalism is so much lower than in their own context may put more

emphasis on the human dimension of care. As described in this chapter, the lack of centrality of the human dimension was one of the main areas of concern in elderly care according to health workers nation-wide, and SZMK's representatives in particular. During the preparatory process for the Malawi-Netherlands exchange it became clear that many SZMK employees who applied for the Malawi-Netherlands exchange expected to learn from the "warm" type of care that Malawians were expected to give. This expectation was shared by the Dutch community care nurse working in Malawi at that time:

*I think that African health workers have a very warm, nearness, compassion, compared to Dutch health workers. The African culture manages to 'hit a certain string' with our elderly.*

(Dutch community care nurse working as CHBC coordinator in Malawi during preparatory visit interview, 2013)

Another expectation of the Dutch community care nurse working in Malawi, concerns the possibility of Dutch health workers developing their cultural competencies:

*When I look at colleagues in the Netherlands that have difficulty with that, it was primarily due to prejudices. That is a bigger problem than a lack of skills. I think if there is more exchange between cultures there will be more global thinking.*

(Dutch community care nurse working as CHBC coordinator in Malawi during preparatory visit interview, 2013)

While not a prominent part of the goals set in the Dutch national context, and even less so in the organisational context of SZMK, developing cultural competencies is one of the main motivations for and outcomes of international exchange according to the literature on exchange effects (see chapter 2), and is internationally seen as one of the most important assets of health workers in today's globalised world. While perhaps currently low on the agenda of the SZMK, who operate in an area with relatively few migrants, cultural competencies are already very important in other areas in the Netherlands and may well become important for SZMK in the future as well. The same may well be the case for Blantyre CHC.

#### 4.3.2 Potential starting points for learning in the Dutch context

When it comes to the Archdiocese of Blantyre learning from SZMK, the Netherlands particularly forms an interesting example for Malawian health workers in terms of providing professional elderly care. Knowledge and experience with elderly care is highly developed and embodied in the hands and minds of the elderly care professionals working in the Netherlands, while Malawian health workers are relatively unfamiliar with typical problems concerning the elderly and how to deal with them:

*When it comes to chronically ill elderly, they are completely left to their own fate. The issue of elderly care in Malawi is totally ignored. (...) In the Netherlands, we are very advanced when it comes to elderly care. It would be good if community nurses here could learn from that”.*

(Dutch community care nurse working as CHBC coordinator in Malawi during preparatory visit interview, 2013)

In sum, the confrontation between the wider national and organisational contexts of the two cases involved in the Malawi-Netherlands exchange, may potentially create a policy window for change in the involved organisations by:

1. Creating exchange conditions stimulating self-reflection through allowing participants to experience the other (related) reality;
2. Creating exchange conditions for participants to develop their cultural competencies;
3. Offering an example of community-based care for the Dutch participants through the Malawian foreign context;
4. Offering an example of caregiving with the human dimension at its core for the Dutch participants through the Malawian foreign context;
5. Offering an example of professional elderly care for the Malawian participants through the Dutch foreign context.

The points above refer to exchange conditions stimulating change (RQ 2b) and triggers for change created by the foreign context (RQ 2a). The second research question also incorporates the organisational and wider contextual factors facilitating, or indeed hampering, change (RQ 2c and 2d). The organisational contextual information provided in this chapter raises the question to what extent the involved organisations would be able and willing to facilitate change as a result of the exchange. On the basis of the organisational context information on SZMK, the organisation has shown willingness to change, through its various previous international work visits and the instigation of the research programme of which this study is a part. The considerable interest in the Malawi-Netherlands exchange, reflected by the relatively high percentage of SZMK care professionals that volunteered to take part in this exchange (7.4%), demonstrates that these individuals saw merit in such an undertaking. However, as shown, the desirability of international exchanges have also increasingly been questioned, in light of the large external and internal changes effecting SZMK. This may be indicative of a more difficult organisational change environment, making it less likely that changes will be implemented after an exchange.

## 4.4 Conclusions

In this section I will discuss the relevant findings from the context study, presented in this chapter, in relation to each of the research questions. The possibly relevant contextual conditions for change as a result of exchange, that were discussed in this chapter, relate to the following research questions: *what are the foreign contextual factors* (RQ 2a), *the organisational conditions* (RQ 2c) and *the wider contextual conditions* (RQ 2d) *that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?*

When it comes to *foreign* contextual elements that may inspire change in the Dutch visitors (RQ 2a), the preparatory visit in Malawi and desk research show that *community-based care* and prominence for the *human dimension* in care are strong elements of the national care context in Malawi. Given the societal movement in the Netherlands towards moving from professionalised care to *more community-based care*, including an increasing role for the family, this contrast is expected to inspire change in the Dutch participants. The Netherlands, on the other hand, are expected to form a starting point for change for the Malawian visitors, as Dutch elderly care is one of the most *professionalised* in the world, whereas there is a noted *lack of professional knowledge* on and practice of elderly care in Malawi. These combinations of perceived areas for improvement in the *own context* (i.e. the desired change towards more community-based care in the Netherlands, and the felt lack of professionalism in the Malawian care context) and “good examples” in the *foreign context* (i.e. highly professionalised elderly care in the Netherlands and a large, well-functioning community-based care structure in Malawi), can be expected to form a trigger for change within the exchange teams, possibly leading to the development of initiatives in the own organisation after the exchange, inspired by the examples observed and experienced during the foreign visit.

When it comes to elements in the context of SZMK that may influence the possibility of organisational change to take place after the exchange (RQ 2c and 2d), desk research and interviews with previous SZMK exchange participants gives us an indication of SZMK's willingness to engage in exchange activities and be open to change as a result hereof. While the previous exchange activities, communications of the managing director and the commitment to the current study show a great *openness* towards international exchange and its potential role in change at the onset of the study, the *recent societal and organisational changes* quite suddenly took international exchange from SZMK's agenda due to the prioritising of other, more urgently felt, issues. The latter can be expected to have a negative effect on the possibilities of organisational change as a result of the Malawi-Netherlands exchange. Still, the relatively large proportion of SZMK care professionals that actually volunteered to participate in the exchange

showed the perceived benefits, at least on an individual level, of this type of exchange among the care staff.

Since the findings discussed in this chapter pertain only to the possible contextual conditions that *may* influence individual or organisational change, rather than actual changes that have occurred, the second part of the sub-research questions, *to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes*, cannot be answered here.

In the following chapter I will examine previous experiences with international work visits made by SZMK managers.









Previous international  
experiences at SZMK



This chapter presents the outcomes of the study on previous international exchange activities at SZMK. The aim of this chapter is to learn from the previous experiences with international exchange at SZMK. I consider these previous experiences the first “case” in my multiple-case study. As such, it aims to answer all of the research questions, namely: RQ1) *What are individual and organisational changes resulting from international exchange?*; RQ 2) *What are the conditions that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon’s multiple streams model help explain the relation between the conditions and subsequent changes?*; and RQ 3) *What does the process of individual and organisational change resulting from international exchange look like, and to what extent can Kim’s OADI-SMM model help in understanding this process?* To answer these research questions in this chapter I use data from the retrospective interviews with participants of previous international work visits organised by SZMK to Denmark and the United States.

In section 5.1 I will first give a description of the participants of the retrospective interviews. In section 5.2 I will describe the nature and content of the visits in which the participants were involved. The main findings on the participants’ international work experiences are presented in section 5.3, followed by a conclusion in section 5.4.

## 5.1 Participants

Table 5.1 presents an overview of the participants of the retrospective interviews with SZMK employees who previously went on an international work visit, the work visit(s) they participated in, their function at SZMK at the time, and their gender. Of the 12 participants, seven held mid-level management positions at the time of the work visit and five were members of the higher Management Team (Management Team); eight were female and four male. Of the seven participants from the mid-level management layer, four managed a particular location or part of a location of SZMK, one was a supervisor/coach for mid-level managers, one was location head of internal/facility affairs, and one was location head care. The mid-level managers participated in a work visit to Denmark in 2003 (three participants), and a three-week work visit to the United States in 2008 (four participants). Of the five participants from the Management Team, three were sector<sup>11</sup> manager, one was Board Secretary, and one was following the three-year management traineeship program leading to a higher level management position.<sup>12</sup>

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11 A sector at SZMK at the time of the interviews could be a location or geographical area, or a thematic sector, such as Home Care.

12 SZMK works with traineeship systems, which is rare in the Dutch care sector. A higher management traineeship takes three years and consists of an organisation-wide learning programme, i.e. consecutive six-month internships per different part of the organisation (often tied to the particular sector and responsible sector head). For example, administrative office, real estate issues, quality control. The management trainee is a member of the Management Team from the onset of the traineeship.

Two of the Management Team-level members participated in two work visits. The Management Team-level work visits took place in Denmark in 2000 (one participant), and the United States in 2006 (three participants) and 2012 (three participants).

**Table 5.1** Overview of participants retrospective interviews with previous SZMK work visit participants

Participant	Work visit	Function at time of work visit	Gender
1	Denmark 2003	Mid-level management counsellor (supervisor/coach/advisor)	Female
2	Denmark 2003	Mid-level management: head internal affairs (facility services)	Male
3	Denmark 2003	Mid-level management: head care in resting home (=more supported living than medical assistance provided in nursing home);	Female
4	U.S. 2008	Mid-level management: location manager Living/nursing care centre	Male
5	U.S. 2008	Mid-level management: head nursing ward, paramedics and day centre	Female
6	U.S. 2008	Mid-level management: location manager	Female
7	U.S. 2008	Mid-level management: location manager	Male
8	Denmark 2000; U.S. 2006	Management Team-level: sector manager	Female
9	U.S. 2006	Management Team-level: sector manager	Male
10	U.S. 2006; U.S. 2012	Management Team-level: head sector Home Care	Female
11	U.S. 2012	Management Team-level: management trainee	Female
12	U.S. 2012	Management Team-level: Board Secretary	Female

## 5.2 Description of international work visits

In this section I describe the international work visits in which the participants from the retrospective interviews took part. These include visits to Denmark in 2000 and 2003, and visits to the United States in 2006, 2008 and 2012. The visits were initiated by the managing director of SZMK at the time, who was a strong proponent of international exchange as a means to initiate innovations in the organisation. Unlike the Malawi-Netherlands exchange, which was organised during the course of this study, the participants of the previous international work visits only included SZMK employees working at mid-level, or higher (MT) level. The decision to include managers only can be seen as a reflection of the organisational culture and organisational context at that time. Arguably, this was an organisational culture where hierarchy, and top-down initiated change was the norm. After all, the expectation was that these managers would implement change in the own organisation. As discussed in chapter 4, there seemed to

be a large degree of acceptance towards international exchange and its potential role in change at the time of these visits to Denmark and the United States.

### 5.2.1 Denmark visits

Around the turn of the millennium, the Dutch Ministry of Health encouraged managers of elderly care organisations in the Netherlands to consider introducing small-scale care in their organisations, for instance by experiencing examples of small-scale care and group living in Denmark, where this type of care was already widely implemented. Small-scale care or small-scale living in dementia care originates from the so-called “perception-oriented care” (*belevingsgerichte zorg*) approach<sup>13</sup>, which developed as a reaction to the traditional medical type of institutional care in which the focus was on cure rather than care. Perception-oriented care focuses more on quality (rather than quantity) of life, also presenting an alternative to the strongly regulated care model which predominated before the turn of the millennium (Nouws, 2003), and still formed the basis of care at SZMK at the time of the study. Small-scale care focuses more on individual clients and their particular needs and demands, pertaining to living environment and care delivery such as following the client’s own daily routine and schedule rather than the care provider’s (Van Ilperen, 2005). Small-scale living offers clients suffering from dementia a more homely, quiet and predictable environment, preventing insecurity and stress, thereby improving their quality of life.

In 2000 and 2003, two visits to Denmark were organised by SZMK for the purpose of observing a live example of small-scale care. Table 5.2 gives an overview of these two SZMK work visits to Denmark.

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13 “Belevingsgerichte zorg” is translated as perception-oriented care, for example, in Tromp & Ganzevoort (2009, p. 211).

**Table 5.2** Overview of SZMK work visits to Denmark

	<b>Management Team-level Denmark visit 2000</b>	<b>Mid-level management Denmark visit 2003</b>
<b>Theme</b>	Small-scale care and group living	Small-scale care and group living
<b>Nature of visit</b>	Exploratory visit	Follow-up visit
<b>Aim</b>	Explore desirability of small-scale care for SZMK	Explore practical possibilities for small-scale care implementation
<b>Assignment</b>	Undefined	Reflection within groups, then more individual reflection according to own specialty (e.g. facility management, organisation of care, employee guidance)
<b>Programme</b>	Visit small-scale living locations, ask questions, reflect	Visit small-scale living locations, sparring with group members every evening
<b>Length</b>	10 days	7 days
<b>Reporting / Transfer within SZMK</b>	Written report; Presentation on intervision days with Management Team-level, bi-annual mid-level management day and for care employees per sector	Memo and presentation to Management Team; Presentation during bi-annual mid-level management day, Management Team-Track meetings, at care locations, during intervisions
<b>Result</b>	Decision to pilot small-scale care instead of opening new nursing ward; Decision to send group of mid-level managers to Denmark	Implementation of small-scale living and care at SZMK

As can be seen in table 5.2, four of the participants of the retrospective interviews took part in one of these visits. The first visit to Denmark in 2000 was undertaken by a group of Management Team members from SZMK. The aim of the visit was to explore the desirability of implementing a small-scale care approach and group living locations at SZMK. The work visit took ten days in total and consisted of short visits to small-scale care locations and initiatives in neighbourhoods called 'Culture Houses'. The direct result of the visit in 2000 was that the Management Team decided to pilot small-scale care at SZMK with a group dwelling for six clients, and to send out mid-level managers on a follow-up visit in order to facilitate this pilot at SZMK.

This follow-up visit for a group of SZMK mid-level managers took place in 2003. The group of mid-level managers were given a clear assignment to look for practical applications for a small-scale care pilot at SZMK. The work visit took one week. Small-scale care locations were visited and impressions and ideas were shared and discussed in the group during the evening. As will be illustrated in 5.2.4, these experiences aided the participants in implementing the small-scale care concept in their organisation.

### 5.2.2 United States visits

Table 5.3 gives an overview of the three SZMK work visits to Atlanta, United States, in which nine of the retrospective interview participants took part.

**Table 5.3** Overview of SZMK work visits to Atlanta, United States

	<b>Management Team-level U.S. visit 2006</b>	<b>Mid-level management U.S. visit 2008</b>	<b>Management Team-level U.S. visit 2012</b>
<b>Theme</b>	Planetree philosophy and practice	Hospitality and other themes	Undefined; Extramuralisation
<b>Nature of visit</b>	Exploratory	Inspirational	Inspirational, as part of exchange between Emory and Georgia University and SZMK
<b>Aim</b>	Explore desirability of making SZMK a Planetree organisation	Gain ideas for implementation of new initiatives at SZMK	No clear aim specified
<b>Assignment</b>	Explore what it entails to be(come) a Planetree organisation	Choose one element to implement at own location; Write self-reflective report for Management Team	Prepare a presentation based on the visit for Management Team
<b>Programme</b>	Attend Planetree conference; Visit Planetree organisations, wellness locations and hospitals	Visit, work and stay 3-4 days at different care organizations; give presentations; attend conference on person-centered dementia care; visit NORC, (potential) client meetings; Participate in Memory Walk for Alzheimer Foundation; visit Martin Luther King Church	Visit care locations; visit initiatives for people to live longer at home; attend conference on dementia care; visit Coca Cola; give presentation at Emory and Georgia University
<b>Length</b>	1 week	3 weeks	10 days

Table 5.3 Continued

	Management Team-level U.S. visit 2006	Mid-level management U.S. visit 2008	Management Team-level U.S. visit 2012
<b>Reporting / Transfer at SZMK</b>	Not applicable.	Personal report to Management Team; presentation bi-annual mid-level management day	Presentation Management Team
<b>Result / effect on organisation</b>	Decision not to strive for becoming certified Planetree organisation	Several initiatives / pilots at SZMK location: e.g. Fingerfood, Employee of the trimester, Exercise for elderly	Creating Development Platform, serving as input for policy direction

Similar to the first work visit of the Management Team-level group to Denmark around 2000, the 2006 Management Team-level work visit to the United States had the clear aim to explore the desirability of implementing a new approach at SZMK, by viewing an example where such an approach was already implemented: namely the Planetree philosophy and practice.<sup>14</sup> On the basis of this visit the decision was made not to strive towards SZMK becoming a certified Planetree organisation.

The 2008 mid-level management work visit to the United States, although described by the participants as being themed around ‘hospitality’, had a much less clear thematic aim than the previous work visits to Denmark and the United States. Many different introductions of care approaches were experienced by the five participants, as reflected in the diverse and full programme of this three-week visit. Participants were more immersed in the different care locations they visited, as they had a few days there to actually work alongside their American peers and even stay at the locations overnight. The organisation of the visit was flexible enough for the participants to alter parts of the programme during the visit. For example, the participants requested to also visit care locations for the less wealthy. The main assignment for the participants of the 2008 mid-level management visit was to introduce one element from the United States visit in their own location at SZMK. This led to the implementation of a number of mostly local initiatives. Besides implementing concrete ideas from the United States, the participants’ second assignment was to write a personal reflective report on the visit for the Management Team.

In 2012, two former and one current management trainee went for a ten-day Management Team-level visit to the United States. According to one participant, this

14 The Planetree network consists of almost 800 (health)care organisations in 19 different countries (Planetree website Netherlands, 2018), which have received the certified Planetree Label. Planetree has an integral vision on people-oriented care, where the patient, their social system and the care professional are central.

group composition was intentionally chosen as it represented “*the future of SZMK*”. According to one participant, the work visit was part of a continuous exchange between SZMK and Emory University in Atlanta, United States. The theme of the visit was not clear to all participants, as some said it was unspecified and one said the theme was in line with the continuing shift from formal to informal care in the Netherlands. The work visit included visits to care locations and initiatives for people to allow them to remain living at home longer. The participants also gave a presentation at Emory University on the Dutch care system, attended a conference on dementia care, and visited the Coca Cola factory in order to look at how they managed branding and marketing. The 2012 work visit of (former) Management Team-level trainees to the United States was aimed to be more inspirational in nature than directional. Still, upon their return, the participants of the 2012 work visit initiated the so-called ‘Development Platform’ where they would use the impressions and ideas resulting from their work visit to formulate suggestions for future policy directions.

## 5.3 International work visit experiences

### 5.3.1 Motivations behind international work visits

The retrospective interviews with previous participants of international work visits made by SZMK managers illustrated how international exchanges were viewed and utilised by higher management in the years before the study started. This view was greatly inspired by the convictions of the managing director at that time.

Generally, it can be concluded that at SZMK in the first decade of the millennium, higher management used international exchange mostly to help develop their direction, while mid-level management was expected to both internalise and gain enthusiasm for the new direction, as well as find practical starting points from which to develop their own practical applications. The work visits to Denmark are a clear example of how international work visits were intentionally instrumental to organisational change at SZMK. The first visit to Denmark by the higher Management Team in 2000 served as a tool in the decision to go forward with small-scale care, pilot a small-scale group living project and send a number of mid-level managers to Denmark. A group of mid-level managers were sent to Denmark in 2003, and given the clear assignment to look for practical applications for the small-scale care pilot at SZMK, besides getting acquainted with and inspired by the new management direction. The first visits to the United States in 2006 and 2008 were also intended to direct change at the organisational level: for example, to implement the concept of hospitality in the organisation as a means to become a more visible actor at community level.

While it was apparent that the earlier international work visits had the purpose of being instrumental in purposeful organisational change, through helping with the management

direction or helping to translate new ideas to the own context, this objective became much less apparent in the most recent visit to the United States in 2012, in which a younger generation of higher level managers (the (former) management trainees) was involved. The participants from this visit found the visit more inspirational in nature than directional. In their view, which echoed the objectives communicated to them at that time, the international work visits were much more aimed towards personal development, rather than direct organisational development:

*It fits really well within a development trajectory to give people a wider perspective. It is more focused on personal development than that something concrete needs to be brought back. The mission is to grow.*

(Participant 11: management trainee visit to U.S., 2012)

### 5.3.2 Main impressions

The international work visits were invariably felt by all participants to have been highly rewarding, and to have made a large and lasting impression:

*To come into contact with another culture for three weeks, that is fantastic. (...) A hugely enriching experience. A special, once in a lifetime, opportunity.*

(Participant 4: mid-level management visit to U.S., 2008)

*I have seen beautiful and good things. If you are placed outside of everything for three weeks it's such an enrichment. The biggest eye-opener.*

(Participant 7: mid-level management visit to U.S., 2008)

When asked what had made the biggest impression on them, participants gave many examples of differences in culture and practices that were observed and experienced during the work visits. These impressions echoed the content of the work visit programmes: for example, the single-themed visits to Denmark mostly produced impressions of small-scale care, while the more varied United States visits led to more varied impressions. On the whole, the examples mentioned clearly show a parallel between the positive examples of the foreign context, and the contemporary direction of change in the home context. Whether conscious or not, the participants seemed to especially notice those aspects which represented already existing ideas of desirable change outcomes in their own context.

While most impressions that were recounted presented positive examples of how the foreign context presented a desirable outcome compared to the own context, some also presented negative examples that emphasised strong aspects of participants' own organisation and context:



*You first expect everything to be better, but in some areas you could see we were frontrunners. For example group living. In some areas they can learn something from us.*

(Participant 11: management trainee visit to U.S., 2012)

*We also have some things in order: the educational system, the employment conditions, the transparency, stimulating employees to take responsibility. It is very hierarchical there. Here we only have three management layers. There they have six! What do all those people do? (...) Everyone looks down on each other. That is not how we want it here. Nurse assistants look down on cleaners etc. That is not how we at SZMK want to work.*

(Participant 5: mid-level management visit to U.S., 2008)

While the comparison of contexts mostly generated examples of differences, some similarities between contexts were also mentioned. For example, this participant from the mid-level management visit of 2008 to the United States noticed the similarities in the nature of care work:

*When it comes to care I mostly saw a lot of similarities. People give care from their heart no matter where they are in the world.*

(Participant 5: mid-level management visit to U.S., 2008)

### 5.3.3 Individual-level effects

Although the goal of individual development only became prominent in the latest exchange visit, participants of all visits mentioned how the international experience had resulted in some type(s) of individual level development, besides organisational development. The following quote summarises different aspects of the international work visit experience contributing to individual development:

*The visit to the U.S. was not a turning point, but contributed in another way. You get a different bond with colleagues that also went. You are being challenged and that contributes in the faith you have in yourself. People also look at you differently. (...) You had to show a lot about yourself. (...) The visit fits well with other development trajectories. It fits within your personal development frame. You widen your horizon. (...) It has not been a turning point, but a nudge forward.*

(Participant 5: mid-level management visit to U.S., 2008)

Examples of development of personal qualities as a result of the international experience were enhanced creativity or out-of-the-box thinking, increased self-esteem, self-awareness, perseverance, and a general widening of one's horizon. Participants from different visits mentioned how the foreign experience had stimulated their ability

to think creatively or out-of-the-box, increasing their adaptability in the professional sphere:

*To gain new ideas. Not to be stuck to certain familiar ways of doing things. (...) The best initiatives are always a little bit outside the existing frameworks. Sometimes you cannot think of something yourself, because of your own blind spots. It helps you to see in an explorative way. It helps you to think creatively.*

(Participant 11: management trainee visit to U.S., 2012)

A number of participants mentioned how the fact that they had to communicate their findings to the Management Team had pushed them beyond their regular activities and comfort zone, and contributed to their self-esteem:

*The fact that you indeed have to present in front of the Management Team and the supervisory board, and you notice, oh, I can do this. That is great to experience. (...) It does contribute to the faith you have in yourself that you can do things well.*

(Participant 5: mid-level management visit to U.S., 2008)

Several participants mentioned how the contrast between the foreign context and the own, well-known context led to a process of reflection on their own position and acting as well as their context, making them feel more certain of how they viewed themselves:

*Just like with the management development training, you become more aware of who you are. I was in that process even before the visit, but the visit fits in well with that.*

(Participant 5: mid-level management visit to U.S., 2008)

Self-reflection and self-awareness was also stimulated by the within-group dynamic:

*You learn about your own and others' strengths. For example, I am not a theoretician, but someone who sees and does. Practical.*

(Participant 8: Management Team-level visit to Denmark, 2000, and U.S., 2006)

In terms of professional development, participants illustrated how the international experiences still helped them in carrying out their work by giving them a lasting and strong positive example to strive for. This seemed to be especially the case for mid-level managers. For example, one participant still consciously used what she experienced in Denmark when she was coaching teams in small-scale care ten years later:

*My experiences then have given me a very clear picture, which I use when I am in [a small-scale living location]. (...) To experience then how you can treat elderly with*

*dementia in a different way and what you can offer them, has always remained a basis for coaching employees in small-scale living locations today. That sense of this is how it can also be, that I got then, that is still with me.*

(Participant 3: mid-level management visit to Denmark 2003)

The following quotes from mid-level managers who participated in the 2008 U.S. work visit also show how they still use their experiences in their work today:

*Because of the transition now taking place in care, you think if that is the way it is going, it really looks like certain things we have seen there. Then I have to think back at times about the particularities from that situation and whether we can do something with that. It is an experience you carry with you, especially when certain problems arise.*

(Participant 5: mid-level management visit to U.S., 2008)

*My view of care has not been changed, but my view of how you can do that has. (...) I think my management style has changed. (...) Now I'm more focused on the relationship. With employees, but also with clients and family. (...) I have also heard that from co-workers, that they notice that my interest has broadened. There is a [name participant 7] before and a [name participant 7] after Atlanta.*

(Participant 7: mid-level management visit to U.S., 2008)

Interestingly, when it came to participants' beliefs regarding good care, participants from both mid- and higher-level management and both Denmark and United States visits stated how the international experience had not drastically changed, but in fact had (re-)affirmed their already existing, sometimes more latent, beliefs. The exchange experience then gave them the means to explicate these beliefs better, and to act more according to these beliefs. The following quotes demonstrate this (re-)affirmation of prior beliefs:

*People who work in nursing homes in the Netherlands, they really think in terms of structure. People who work night shifts already start washing clients early so that they finish their work early. They need to let that mentality go. I already had that idea when I first started at SZMK. I already felt that care professionals should be able to act much more independently. (...) The exchange must have played a role, in terms of offering an alternative method. And by showing that not everything has to be the same. That's where you can learn.*

(Participant 8: Management Team-level visit to Denmark, 2000, and U.S., 2006)

*That whole idea of hospitality and that people have to feel welcome and free to talk to you, I brought that from the United States. Of course it is also part of you, but it was never so conscious or just to discuss that with people.*

(Participant 5: mid-level management visit to U.S., 2008)

Participants also offered examples of other individual-level developments that can be considered beneficial for the organisation, such as establishing a greater feeling of commitment and motivation for their work and organisation, and closer connections between fellow work visit participants, forging potentially useful links between organisational parts. The fact that participants of previous international work visits were selected by the Management Team had a positive effect on their connection with the organisation, due to feelings of thankfulness and pride:

*I found the fact that visits are offered unique. That not only Management Team members go, but also others. That was great and also gave an enormous boost. That did a lot with my motivation. (...) Also proud to work with this organisation. I also feel a certain responsibility to convey and spread that and how it can contribute to an improvement of care.*

(Participant 7: mid-level management visit to U.S., 2008)

*I found that so nice. It felt like a present. (...) It is very good of SZMK that they are focused on that.*

(Participant 3: mid-level management visit to Denmark, 2003)

People felt especially acknowledged when upon return, their input based on the international experience was used to initiate change in the organisation. Thus, the opportunity and follow-up that the organisation offered, i.e. the positive facilitative context of the exchange and its aftermath, created a greater appreciation and thereby commitment to the organisation. Several participants mentioned how the experience led to a greater motivation for the work they carried out, by gaining more energy, enthusiasm, and new ideas. Again, these positive feelings were enhanced when these new ideas were put into practice.

Almost all of the participants mentioned how they enjoyed the group aspect of the exchange, and how that created lasting bonds with other participants:

*It forms a connection when later on you recognise things together. You feel that you are a little bit ahead of the others.*

(Participant 1: mid-level management visit to Denmark, 2003)

*You get excited to go with a group. (...) When you return and you make your report and present for the Management Team, and a year later you are starting a small-scale group living, you think, that is nice, we pulled that off together.*

(Participant 2: mid-level management visit to Denmark, 2003)

While the bonds between participants of the earlier work visits created new, or at least closer links between locations as it involved managers from different locations, the 2012 United States visit created a closer bond between people that already had a lot in common, as they were all (former) management trainees, relatively young and female. The visit clearly strengthened their bond, which can be expected to be an advantage in the future when working together in the Management Team.

#### 5.3.4 Organisational-level effects

Besides the individual-level effects the interviews also yielded many examples of organisational-level effects of the international work visits. Examples hereof were both on a wide organisational level and on sub-organisational levels such as a specific location or department, and included the (re-) assessment of existing or potential management directions, and the introduction of new care concepts and new practical initiatives.

The interviews showed that in the past decade, as intended, the international work visits allowed SZMK's Management Team to determine the desirability of new or existing management directions. As described earlier, the higher management level work visits to Denmark in 2000 and the United States in 2006 were explorative in nature, and were in fact consciously utilised to determine the desirability and feasibility of potential organisational cultures, namely those of small-scale care and the Planetree method. For example, on the basis of the 2006 United States visit by Management Team members, participants found that, although there were many similarities in care approaches, not all elements of the Planetree philosophy would work in the context of SZMK. The direct result of the visit was therefore, that the decision was made not to strive towards becoming a certified Planetree organisation. This 2006 visit to the United States, however, also helped affirm and further develop SZMK's Management Team's own views on clients: SZMK already used perception-oriented care, but as a consequence of the impressions from the United States on person-centred care which is central in the Planetree method, SZMK's own view was affirmed and enforced.

Besides examples of (re-)assessing actual and potential management directions, the retrospective interviews also present clear examples of how international work visits can lead to the actual introduction of a completely new care concept in a care organisation. The 2000 and 2003 Denmark visits of higher management members have clearly played an important role in the implementation of small-scale care at SZMK. This new care concept required large cultural changes in the way of thinking about (good) care and ways of working. On the basis of the visit in 2000 the Management Team decided to pilot

small-scale care at SZMK with a group dwelling for six clients, rather than to continue carrying out existing plans for opening another nursing home ward. The decision was made to send mid-level managers responsible for different aspects of care delivery to Denmark in order to reflect from their own particular background and function on the applicability of small-scale care at SZMK, and facilitate the pilot at SZMK.

The mid-level management visit to Denmark in 2003 proved to be instrumental in convincing this more practically oriented management layer of the desirability of this new way of organising care:

*There was resistance. Is this ok, should we do it. It did a lot to create support for the changes that were coming.*

(Participant 1: mid-level management visit to Denmark, 2003)

After the successful pilot, more group living care facilities were built and some existing wards were divided into smaller scale care units. By 2018, as much as ten out of 14 SZMK locations offered group living care.

Besides this example of a large cultural change within SZMK as a whole, there are numerous examples of smaller-scale, practical initiatives that were introduced as a direct result of one of the international work visits. In fact, it was the main assignment for the participants of the 2008 mid-level management visit to introduce one element from the United States visit in their own location at SZMK. An example of a successful pilot initiative by one of the participants, was the implementation of the 'Fingerfood' method at her location. This method entails that patients with Alzheimer's disease eat alone with their fingers rather than cutlery, after this has become problematic. Rather than being fed by a nurse assistant, the Fingerfood method allows for a more enjoyable eating experience as patients can eat at their own pace and choose their own foods, and can contribute in their sense of self-worth and autonomy. After acquiring the idea from the 2008 United States visit, the mid-level manager in question sent two cooks from her location for a one day work visit to Germany, where they could work in a kitchen where this method was employed. After the visit, this method was successfully piloted and implemented at her location. Besides the Fingerfood method at one location, the 2008 mid-level management work visit to the United States led to the implementation of the following initiatives:

- Encouraging organisational pride, through the organisation-wide introduction of "Employee of the trimester" and the "Employee of the month" in one location;
- Introduction of a buddy system at one location;
- Exercise for elderly at one location, through sponsoring and cooperation with a local gym, with the aim to encourage neighbourhood integration. This served as an example for two other SZMK locations who have developed similar programmes;

- Discussing the concept of improving hospitality during team meetings.

While the (former) Management Trainee work visit to the United States in 2012 was meant to be more inspirational, the participants still did initiate a so-called “Development Platform” on the basis of the visit, in which they formulated suggestions for future policy directions on residential and non-residential care, ICT and tools, PR and marketing, and organisation motto. The goal of this development platform was explained in SZMK’s annual report of 2013:

*In 2012 it was decided, following a work visit made by several Management Team members to the U.S., to initiate a development platform with a number of related projects. The projects will be executed jointly by SZMK’s Management Team. The results of the projects will jointly shed light on the way in which SZMK will meet the future according to her vision and will create input for the new policy plan. (SZMK Annual report 2013, p. 18-19)*

Through their influence on policy directions, the outcomes of this United States visit can be seen as a form of organisational change.

#### 5.3.5 Process of change through exchange

The previous sections demonstrated the numerous effects of the international work visits undertaken by SZMK mid-level and higher level managers in the past. Some elements in the narratives of the participants also gave a glimpse of the process involved in change brought about by the international work visits. The change process seemed to start by making a comparison between the new and known organisational culture and practices brought about by experiencing another reality:

*In another country you can see the advantages of another culture and possibilities to how differently you can shape an organisation.*

(Participant 1: mid-level management visit to Denmark, 2003)

Getting introduced to a new reality, which is tied to that of the participants in its ultimate goal, namely providing good care, is one important aspect of an international work experience. Another aspect, according to the interviews, is the fact that it entails an actual all-encompassing experience, rather than a pure thought experiment which can be undertaken through other means of communication within the own setting. The following quotes illustrate the importance of the experiential element:

*I had read about it before, but then you don’t have a clear image about it yet.*

(Participant 8: Management Team-level visit to Denmark, 2000, and U.S., 2006)

*To experience, physically experience, Denmark, I can keep on drawing from that. It was a whole new way of working for me.*

(Participant 3: mid-level management visit to Denmark, 2003)

*When you see it for yourself it may become more real. (...) If I had only read about it, I don't know.*

(Participant 6: Mid-level management visit to U.S., 2008)

Some examples given by the participants indicate that in discussions with fellow Dutch participants during the visits, a process of reflection took place:

*As a group you are experiencing the same things. In the evenings you come together, exchange thoughts and enjoy your time. You see new things, you get excited. That is something I would want for us. But also less nice things. We should not start that, or actually we are doing quite well in that respect. The group is your frame of reference.*

(Participant 2: mid-level management visit to Denmark, 2003)

*During the daily reflection you're already separating, what is possible and what is not.*

(Participant 1: mid-level management visit to Denmark, 2003)

Reflection was also achieved in the instance where foreign visitors were received at SZMK:

*It's rewarding that they come here. It's nice to hear how they look at our organisation. To hear their reactions. For us it's normal. And their questions force you to think about things. Especially that input and questions from someone else is good. What was the reason things were created in the first place?*

(Participant 7: mid-level management visit to U.S., 2008)

A number of statements made by the participants give an indication as to what part of the change process related to the foreign experience eventually enabled actual change. The following quote indicates that experiencing a different organisational culture leads to the insight that alternatives exist:

*It is good to know how it can be different. Good to have an understanding for other ways. It does not have to be right or wrong. There are many roads to the same goal. (...) You get more perspectives on how to act. Yeah, definitely you become more aware of how things can be different.*

(Participant 11: management trainee visit to U.S., 2012)



This awareness of alternatives, rather than a model to literally copy, can form the basis for initiating change in the own setting.

### 5.3.6 Challenges pertaining to international exchange

Besides the many benefits that were described, certain drawbacks of international work visits were also mentioned. Firstly, although the international work visits gave participants a lot of fresh energy and motivation, it did take some participants some days after returning home to really feel ready to get to work in the Netherlands, due to the physical and mental energy the visits required. Secondly, transferring participants' enthusiasm and new ideas to colleagues who did not participate in the visits was also sometimes considered difficult:

*Others [managers] did notice the enthusiasm, but it is still difficult to get across.*

(Participant 10: Management Team-level visit to U.S., 2006 and 2012)

Participants also mentioned how new concepts and ideas did not always lead to very clear new policies. This was for example the case for the concept of hospitality, which was considered useful and desirable, but no examples of actual implementation of new initiatives relating to this concept could be given. It seems like the new ideas do need to correspond to already existing ideas in the organisation in order for them to lead to new initiatives.

Furthermore, a large challenge of international exchanges is the justification towards other colleagues who are not participating. In fact, the interviews showed how, due to the changing care sector context, the view of international exchange as a useful tool for both personal and organisational development, came under increasing strain in the course of the new millennium. One participant mentioned about the 2003 mid-level management visit to Denmark:

*Already then you could hear colleagues saying they found it too expensive.*

(Participant 2: mid-level management visit to Denmark, 2003)

The 2012 (former) management trainee work visit to the U.S. was even consciously kept low-key:

*The visit has never been made very public among the care employees. That could be interpreted the wrong way. Earlier visits have [been made public], but the spirit of the time was different then. We are dealing with budget cuts much more now. (...) The time of a stable care sector is over. It is a lot more dynamic now. The managing director is a very open-minded proponent of exchanges. But there are much less*

*finances in the future. Is it still possible then? Can you still sell that idea to employees who say they are very busy and have to do so much work?*

(Participant 12: Management Team-level visit to U.S., 2012)

Lastly, while the participants were almost unanimously very positive about the experiences and effect of travelling in a group, the experiences recounted from the three-week visit to the U.S. in 2008 indicated that towards the end some tension raised within the group. It seemed that a lengthier period of living and sharing everything so close to one another increased the chances of tension and possible discord.

## 5.4 Conclusions

In this chapter I discussed the outcomes of the first case in the multiple-case study, using the data from the retrospective interviews with participants of previous international exchange activities at SZMK. The aim of this chapter was to answer all of the research questions, namely: RQ1) *What are individual and organisational changes resulting from international exchange?*; RQ 2) *What are the conditions that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?*; and RQ 3) *What does the process of individual and organisational change resulting from international exchange look like, and to what extent can Kim's OADI-SMM model help in understanding this process?*

In chapter 2 I discussed how the existing literature only addresses the first part of the first research question, RQ 1) *what are individual and organisational changes resulting from international exchange*, by only mentioning individual level changes. The most important finding on the *outcomes* of previous SZMK work visits was that this type of organisational exchange, i.e. international visits by groups of employees from one care organisation to other foreign care organisations, can lead to changes on an organisational level, and not merely on an individual level. The first case study showed substantial and lasting changes on both an individual *and* an organisational level. *Individual changes* that corroborated with the findings reported in the literature were an enhanced ability to think creatively or out-of-the-box, as well as increased self-esteem, self-awareness, perseverance, and a general widening of one's horizon. Individual level effects that were not yet mentioned in the literature, were an increased pride and energy concerning participants' own work. The exchanges had a positive effect on people's individual motivation for their work in general, confirming the reasons why they had decided to work in this field in the first place, and did a great deal for their appreciation and loyalty for SZMK, that arranged for them to have this enriching experience after all. Also, the experience led participants to better form and formulate their own opinions and position as professionals. When it comes to *organisational*

*level* changes, which are noticeably absent in the literature, the interviews show clear examples. The previous international work visits to Denmark and the United States helped develop SZMK's management direction in the past, by choosing to implement a new care philosophy and practice after the example of small-scale care seen in Denmark, and by choosing *not* to implement a certain care approach (Planetree) after seeing the example in the United States. A United States trip made by a group of relatively young MT-level managers formed the inspiration for new organisational policy suggestions. Another international work visit to the United States undertaken by mid-level managers resulted in smaller scale initiatives within the organisation.

The second research question was divided into four sub-research questions, namely: *what are the foreign contextual factors (RQ 2a), the exchange conditions (RQ 2b), the organisational conditions (RQ 2c) and the wider contextual conditions (RQ 2d) that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?* The *foreign contextual factors* (RQ 2a) that were found to prompt a process of change included the small-scale care example in Denmark, and the various themes and methods encountered during the United States work visits, such as Planetree and Fingerfood. The work visits to Denmark present a particularly clear example of how a relatively short international work visit to a *foreign* organisation could have a considerable effect on the implementation of large organisational changes within the *own* organisation. *Exchange conditions* that facilitated individual and organisational change (RQ 2b), included being able to really witness and experience another type of care, within a different organisational culture. Most participants mentioned a good team spirit as part of their positive international experience. Bonding between team members took place and forged positive relationships between individuals within the organisation for years to come. One participant did caution against visits being too long, as a longer stay could negatively affect team-spirit.

The changes in the own organisation that were inspired by foreign examples cannot be seen out of the context of the participants' own organisation at the time. This relates to the research question 2c and 2d: *what are the organisational conditions (RQ 2c) and the wider contextual conditions (RQ 2d) that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?* Using Kingdon's (1984) multiple streams model, it can be argued that the foreign example further developed ideas about what type of organisational culture was desired, and thereby also what type was *undesired*, thereby developing the *problem stream*. After all, people's perception of a situation as a "problem" is based on the difference between the current situation and some desired state of affairs (Béland & Howlett, 2016). The foreign visits also greatly influenced participants' ideas about *what* to change in the current

organisation to achieve the desired state, thereby creating alternative solutions in and thereby influencing the *policy stream*. The existing contextual elements in participants' own organisation that facilitated the changes, which can be considered to make up the *political stream*, included the managing director's commitment and belief in the merits of international experiences for personal and organisational development. In the case of the organisational-level change towards small-scale care, the Dutch government stimulated work visits to Scandinavia in order for Dutch elderly care organisations to use the small-scale care approach as an example at the time. In the case of the Denmark visits, the destination for this work visit was chosen *because* it formed such a clear example of a possibly desired organisational culture (i.e. the small-scale care approach). In general, the implementations of new initiatives and changes in the organisation based on ideas that formed during the international work visits seemed to correspond to already existing ideas in the own context. In terms of Kingdon's (1984) multiple streams model, the foreign example helped develop the problem and policy stream in a certain direction, which to some extent already incorporated similar ideas. The wish for precisely this process to occur was present both within the organisation, in the person of the managing director, and its wider context, in the form of the Dutch government. As such, this development was endorsed by the political stream. The international work visits therefore played a role in bringing the three streams closer together, indeed forming a policy window for organisational change.

Finally, this chapter aimed to answer the third research question: RQ 3) *What does the process of individual and organisational change resulting from international exchange look like, and to what extent can Kim's OADI-SMM model help in understanding this process?* Some elements in the narratives of the participants gave a glimpse of the process involved in change brought about by the international work visits. In the instances of change discussed in this chapter, the starting point of change within the individuals participating in the visit were new types of care that were experienced in the foreign context, which noticeably clashed with participants' own context. This led to individuals becoming advocates for the new type of care, which eventually aided in bringing about the actual change in the organisation. For those involved, seeing and temporarily being immersed in a different organisational culture seemed to strengthen their belief, motivation and ideas needed to successfully implement organisational change. The change process seemed to include making comparisons between the new and known organisational culture and practices brought about by *experiencing* another reality. Then, through discussions with fellow participants, a process of *reflection* on the new impressions took place. This was also achieved in the instance where foreign visitors were received. The outcomes of reflections, coupled by an increased creativity and *ability to change* seemed to have led to initiating change. The increased ability to change was indicated to result from the created insight that alternatives exist and the expanded possibilities one believes to have to deal with challenges. In some instances, teams jointly used their experiences to develop ideas for organisational

change, thereby influencing management direction. The steps involved in Mental Model change resulting from the international work visit experiences relate to the experiential learning cycle used in Kim's (1993) OADI-SMM model, which consist of the steps *observing* or experiencing, *assessing* or reflecting, *designing*, and *implementing*. While the retrospective interviews gave some indications of how the process of change took place, analysing the process of change while it is actually happening would offer better opportunities to get a more well-rounded understanding of the process of change as a result of change. The Malawi-Netherlands exchange case study was therefore expected to better enable the analysis of the process of change.

In the following chapter I analyse the organisational culture, or Shared Mental Models, existing within SZMK at the time of the Malawi-Netherlands exchange.









Individual and  
organisational values  
and culture at SZMK



In this chapter I discuss the outcomes of the survey on individual and organisational values and culture conducted among the employees of Stichting Zorgcombinatie Marga Klompé (SZMK). This survey was conducted before the Malawi-Netherlands exchange, in order to get a perspective on the types of Mental Models existing at SZMK at the time. The aim of the survey was to answer research question 2c: *What are the organisational conditions that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?* In doing so I aimed to uncover elements of SZMK's organisational cultural context that could be expected to facilitate, or hamper, individual and organisational changes as a result of the Malawi-Netherlands exchange.

In section 6.1 I describe the response and background characteristics of the respondents. Section 6.2 presents the results of the Barrett-inspired questionnaire on individual and organisational values. Section 6.3 describes the outcomes of the OCAI questionnaire on organisational culture. The results are discussed in section 6.4, with the aim to determine what types of Shared Mental Models exist within the organisation, including the direction SZMK employees would like their organisation to develop, and how this relates to the possibilities of change as a result of an exchange.

### 6.1 Response and background characteristics of respondents

This section presents the response of the questionnaires on personal and organisational values and culture, as well as the background characteristics of the respondents.

#### 6.1.1 Response

As was described in chapter 3 (section 3.5.2), email invitations for completing the questionnaires on personal and organisational values and culture were sent to all 991 health workers employed at SZMK: 495 people received an invitation for the questionnaire containing the Organisational Culture Assessment Instrument (OCAI) and 496 people received an invitation for the questionnaire containing the Barrett Value Assessment-inspired instruments. In total, 506 people (51%; 242 OCAI and 264 Barrett-inspired) clicked on the accompanying link to start the questionnaire. Of the 195 respondents that started the questionnaire containing the OCAI questions, 140 respondents finished the complete set of questions (28% of the total number of OCAI approached). Of the 223 respondents that started the questionnaire with the Barrett Assessment-inspired questions, 210 respondents finished the complete set of questions (42% of Barrett Assessment-inspired approached). The difference between these percentages suggests that the Barrett Assessment-inspired questionnaire was easier to complete than the questionnaire containing the OCAI.

### 6.1.2 Background characteristics of respondents

No significant differences were found between the SZMK respondents of the OCAI and Barrett-inspired questionnaires with regards to function,<sup>15</sup> sector/location,<sup>16</sup> age category,<sup>17</sup> gender,<sup>18</sup> and years of employment.<sup>19</sup> Therefore, background characteristics are described here for both groups combined. Some background characteristics were available for the total approached group, namely the variables gender and function. As was the case in the total approached group, most of the respondents were female (93% versus 94% in the total approached group<sup>20</sup>). The majority of the respondents were nurse assistants (76%), the rest were nurses or (para)medics (16%) or coordinating and managing (non-medical) staff (8%). Only the latter category was slightly overrepresented among the respondents compared to the total approached group (8% versus 4%<sup>21</sup>). The number of years of employment at SZMK among the respondents ranged from 0 to 50 years, with an average of 17 years (S.D. = 9.8). Most respondents worked in facility-based care (86%), the rest in community and/or home-based care (14%). The majority of the respondents was aged between 45 and 60 years old (63%): 20% was younger than 40, 32% between 40 and 50 and 48% older than 50. Respondents under 40 years old were more likely to be nurses/(para)medics (33%) and less likely to be nurse assistants (62%),<sup>22</sup> compared to the older respondents: among the respondents between 40 and 50, 84% were nurse assistants and 11% nurses/(para)medics; among the respondents over 50, 76% were nurse assistants and 14% nurses/(para)medics. For purposes of readability, nurse/(para)medics will be called “nurses”<sup>23</sup> and coordinating and managing staff will be called “managers” in this chapter.

## 6.2 Individual and organisational values assessment

In this section I present the results of the Barrett-inspired survey. An interpretation of these results, in the context of this study, will be presented in section 6.4.

### 6.2.1 Individual values

For the Barret-inspired Individual Values Assessment, SZMK respondents had to choose ten personal values that described themselves best. Table 6.1 shows the most often chosen personal values for the total group and by function.

15  $\chi^2(2, N = 464) = 2.58, p = .28$

16  $\chi^2(4, N = 465) = 3.21, p = .52$

17  $\chi^2(2, N = 442) = 1.46, p = .48$

18  $\chi^2(1, N = 442) = 1.54, p = .28$

19  $t(440, N = 442) = .50, p = .62$

20 This is somewhat higher than the average of 84% women in the Dutch care sector in 2018 (AZW Statline, 2018)

21  $z = 2.348, p < .001$

22  $\chi^2(4, N = 441) = 24.45, p < .001$

23 (Para)medics make up 36% of this subgroup

**Table 6.1** Most often chosen personal values per functional category of health workers, in percentages

Personal value	Value chosen by Nurse assistants (%) (n=169)	Value chosen by Nurses (%) (n=33)	Value chosen by Managers (%) (n=20)	Value chosen SZMK total (%) (n=222)
involved	67	55	50	64
reliable	59	55	35	56
caring	60	39	20	53
responsible	44	36	40	42
enthusiastic/ positive	39	39	55	40
honest	39	36	30	38
respect	40	30	10	36
social	63	15	50	34
sense of humour/ fun	33	42	10	32
empathic	30	36	20	30
listening	30	24	10	27
quality	20	33	5	20
patience	20	27	5	20
trust	18	9	0	15
coaching/mentoring	9	36	25	14
professional growth	7	21	25	10
ambition	7	21	15	10
competency	5	27	5	8
initiative	4	6	30	7
fairness	5	6	30	7
efficiency	3	15	15	6
wisdom	0.6	15	0	3

Table 6.1 shows that for the total group, the most frequently chosen personal values were: to be involved (with 64% of the respondents choosing this value among their list of ten values), reliable (56%), caring (53%), responsible (42%), enthusiastic/positive (40%), honest (38%), respectful (36%), social (34%), sense of humour/fun (32%) and empathic (30%).

Comparing the most often chosen values between subgroups within SZMK, larger differences were found between functions (i.e. job type) than between age groups and care sectors,<sup><?></sup> indicating that differences in personal characteristics between groups of SZMK employees are most pronounced between types of functions. When it comes to the values that best describe nurse assistants according to nurse assistants themselves, the results show that they chose “involved” (67%) and “caring” (60%) more often than their colleagues. Nurse assistants also chose the value “social” (36%) more often than nurses and the values “respect” (40%), “reliability” (59%), “sense of humour/

fun" (33%), "listening" (30%) and "trust" (18%) more often than the managers. As for the group of nurse respondents, they were found to choose the value "quality" (33%), "competency" (27%), "wisdom" (15%) more often than their colleagues. Nurses also chose the values "coaching/mentoring" (36%), "competency" (27%), "professional growth" (21%), "wisdom" (15%), "ambition" (21%) and "efficiency" (15%) more often than nurse assistants, and chose the values "sense of humour/fun" (42%), "patience" (27%), "competency" (27%), "respect" (30%), "reliability" (55%) and "caring" (39%) more often than the managers. Lastly, the managers chose the values "initiative" (30%) and "fairness" (30%) more often than the other groups, chose "professional growth" (25%) and "efficiency" (15%) more often than nurse assistants, and chose the value "social" (50%) more often than nurses.

Table 6.2 shows the largest differences in personal values chosen by age group.

**Table 6.2** Largest differences in personal values by age group, in percentages per age group

Personal value	Value chosen by aged under 40 (%) (n=41)	Value chosen by aged 40-50 (%) (n=69)	Value chosen aged over 50 (%) (n=112)	Largest difference between two age groups
respect	20	36	42	22
adaptability	15	33	33	18
cooperation	15	32	29	17
personal growth	29	12	13	17
professional growth	24	7	7	17
clarity	34	20	24	14
creativity	7	20	21	14
sense of humour/fun	32	41	27	14
involved	56	56	69	13
perseverance	32	26	19	13
wellbeing	17	13	5	12
to be liked	17	6	9	11
coaching/mentoring	22	12	13	10
reliability	63	57	53	10

As mentioned, while the differences in chosen personal values are less pronounced between age groups than they were between job types, the found discrepancies are likely still indicative of some interesting differences between age groups at SZMK. Most importantly, the under 40 age group chose the values "personal growth" (29%) and "professional growth" (24%) noticeably more often than the older age groups, chose "clarity" (34%), "to be liked" (17%) and "coaching/mentoring" (22%) more often than the 40 to 50 year old group, and chose "perseverance" (32%), "wellbeing" (17%) and "reliability" (63%) more often than the over 50 age group. In turn, the older age groups chose "respect" (36%), "adaptability" (33%), "cooperation" (32%) and "creativity"

(20%) more often than the under 40 year olds. Furthermore, the 40 to 50 year old group chose the value “sense of humour/fun” (41%) noticeably more often than the over 50 age group, while the over 50 year olds, chose the values “involved” (69%) more often than the under 40 age group.

Table 6.3 shows the largest differences in percentages personal values chosen, between sectors.

**Table 6.3** Largest differences in personal values by sector, in percentages per sector

Personal value	Value chosen by Facility-based (%) (n=188)	Value chosen by Home-based (%) (n=34)	Difference between sectors
perseverance	27	6	21
caring	56	38	18
honesty	35	53	18
enthusiasm/positive outlook	38	53	15
coaching/mentoring	17	3	14
home/work balance	27	38	11
reliability	54	65	11
sense of humour/fun	34	24	10

When it comes to differences between health workers working in facility-based and home-based care sectors, respondents working in the facility-based care sector more often chose the values “perseverance” (27%), “caring” (56%), “coaching/mentoring” (17%) and “sense of humour/fun” (34%) than their colleagues working in the home-based care sector, while respondents working in home-based care were more likely to choose the values “honesty” (53%), “enthusiasm/positive outlook” (53%), “home/work balance” (38%) and “reliability” (65%) than their colleagues working in facility-based care.

The results of the Barrett-inspired Personal Values Assessment, gave a first insight into the existing Mental Models at SZMK at the time. SZMK employees were found to share such important personal values as to be caring, emphatic, respectful, reliable and responsible, combined with a positive, enthusiastic and fun outlook. Some differences between subgroups within SZMK were also identified. Most notably, nurse assistants consider themselves to be particularly involved and caring, while nurses especially value quality, competency and wisdom. Managers were found to especially value initiative and fairness. Young employees were especially likely to choose values related to individual development, such as personal and professional growth, while the older employees attached more importance to values related to conforming to one’s (social) surroundings, such as respect, adaptability and cooperation. For facility-based employees, personal values such as caring, a sense of humour and perseverance were

found to be especially important, while for home-based care employees, reliability, honesty and enthusiasm were especially important.

### 6.2.2 Organisational values

For the Barrett-inspired Organisational Values Assessment, SZMK respondents had to choose ten organisational values that they believed described their current organisational values best. In addition, they had to choose out of the same organisational values, those ten values that they personally considered to describe their ideal, desired, organisational values best.

The respondents most often chose the following organisational values to best describe their organisation in its *current* form: “client satisfaction” (38%), “bureaucracy” (33%), “job insecurity” (28%), “continual im%”, “involving employees” (24%), “result-oriented” (23%), “sustainability” (23%), “cost reduction” (23%), “vision” (23%), “professionalism” (23%) and “quality” (22%). Most often chosen *desired* organisational values were: “involve employees” (58%), “valuing employees” (43%), “client satisfaction” (41%), and “listening” (41%).

Table 6.4 lists the largest *differences* between percentages for current and desired organisational values chosen.

**Table 6.4** Largest differences in current and desired organisational values chosen, in percentages

Organisational value	Current (%) (n=209)	Desired (%) (n=186)	Difference (%)
listening	5	41	37
openness	6	39	33
involve employees	24	58	33
bureaucracy	33	0.5	33
clarity	5	37	31
valuing employees	15	43	28
job insecurity	28	2	26
result-oriented	23	1	22
honesty	3	24	21
involved	15	36	21
home / work balance	10	29	20
cost reduction	23	2	20
productivity	21	1	20

Comparing the percentages of respondents choosing these values as current versus desired organisational value, gives an indication of areas in which respondents would like to see change. Most importantly, respondents would like to see more prominence of the organisational values “listening” (with 5% of respondents choosing this value to describe the current organisation versus 41% of respondents choosing this value as a

Comparing the percentages of respondents choosing these values as current versus desired organisational value, gives an indication of areas in which respondents would like to see change. Most importantly, respondents would like to see more prominence of the organisational values “listening” (with 5% of respondents choosing this value to describe the current organisation versus 41% of respondents choosing this value as a desired organisational value), “involvement of employees” (24% current versus 58% desired), “openness” (6% current versus 39% desired), “clarity” (5% current versus 37% desired), “valuing employees” (15% current versus 43% desired), “honesty” (3% current versus 24% desired), “involvement” (15% current versus 36% desired) and “home/work balance” (10% current versus 0.5% desired), while they would like less emphasis on “bureaucracy” (33% current versus 0.5% desired), “job insecurity” (28% current versus 2% desired), “result-orientation” (23% current versus 1% desired), “cost reduction” (23% current versus 2% desired) and “productivity” (21% current versus 1% desired).

Table 6.5 shows the organisational values for which the *smallest* differences between current and desired organisational values chosen was found.

**Table 6.5** Smallest differences in current and desired organisational values chosen, in percentages

Organisational value	Current (%) (n=209)	Desired (%) (n=186)	Difference (%)
financial stability	22	22	0
global awareness	1	1	0
blaming	0.5	0	0.5
shared vision	7	8	1
manipulation	2	0.5	1.5
shared values	3	5	2
client satisfaction	38	41	3
exploitation	3	0	3
risk-taking	3	6	3
adaptability	11	8	3
initiative	3	6	3
teamwork	16	20	4
welcoming diversity	6	10	4

The organisational values in table 6.5 reflect areas where respondents desire *least* change. Values that were already prominent in the current organisation and that respondents would like to be maintained most, were “client satisfaction” (38% current versus 41% desired), “financial stability” (22% current versus 22% desired) and “teamwork” (16% current versus 20% desired), while negative, undesired values such as “exploitation” (3% current versus 0% desired), “manipulation” (2% current versus 0.5% desired) and “blaming” (0.5% current versus 0% desired) were, thankfully, hardly chosen to represent the current organisation. The values “welcoming diversity” (6% current versus 10% desired), “risk-taking” (3% current versus 6% desired), “adaptability”

(11% current versus 8% desired), “current versus 6% desired), “shared values” (3% current versus 5% desired), “shared vision” (7% current versus 8% desired) and “global awareness” (1% current versus 1% desired) were rarely chosen as representing the respondents’ current nor their desired organisation.

Table 6.6 shows the largest differences between functional categories of health workers in current organisational values chosen.

**Table 6.6** Largest differences in current organisational values chosen between functional categories, in percentages per functional category

<b>Current organisational value</b>	<b>Value chosen by Nurse assistants (%) (n=157)</b>	<b>Value chosen by Nurses (%) (n=33)</b>	<b>Value chosen by Managers (%) (n=19)</b>	<b>Largest difference between two functional categories</b>
resolving conflict	0	30	21	30
cost reduction	19	42	16	26
reliability	12	21	37	25
involving employees	25	30	5	25
client satisfaction	40	24	47	23
productivity	17	39	16	23
involvement	15	6	26	20
highly independently functioning organisation parts	4	21	5	17
bureaucracy	29	45	42	16
integrity	3	0	16	16
continually learning	22	6	11	16
social awareness	20	12	5	15
continual improvement	28	15	21	13
caution	17	30	21	13
sustainability	18	15	5	13

Comparing *current* organisational values chosen by different job types, shows some differences between types of functions. Nurse assistants chose such current organisational values as “continual improvement” (28%), “continually learning” (22%) and “social awareness” (20%) more often than their colleagues. Nurses were more likely to choose “cost reduction” (42%), “productivity” (39%), “caution” (30%), and “highly independently functioning organisation parts” (21%) as current organisational values, compared to their colleagues. Managers chose “reliability” (37%), “involvement” (26%) and “integrity” (16%) more often than their colleagues. Nurses and managers chose the current organisational values “bureaucracy” (45% and 42% respectively) and “resolving



conflict” (30% and 21% respectively) more often than nurse assistants. Nurse assistants and nurses more often chose the organisational values “involving employees” (25% and 30% respectively) and “sustainable” (18% and 15% respectively) than managers. Lastly, nurse assistants and managers were more likely to choose “client satisfaction” as current organisational values (40% and 47% respectively) than nurses.

Table 6.7 shows the largest differences between current and desired organisational values per job type.

**Table 6.7** Largest differences between current and desired organisational values chosen per functional category, in percentages per functional category

Organisational value	Value chosen by Nurse assistants (current/desired %) (n=157/140)	Value chosen by Nurses (current/desired %) (n=33/29)	Value chosen by Managers (current/desired %) (n=19/17)	Largest difference between current and desired
openness	5 42	9 31	5 24	37
creativity	3 11	3 17	0 35	35
clarity	6 40	6 24	0 29	34
resolving conflicts	0 4	30 0	21 18	30
entrepreneurialism	16 9	3 31	5 18	28
involvement	15 40	6 21	26 24	25
reliability	12 36	21 24	37 35	24

Table 6.7 shows that nurse assistants seem to especially want to see an increase in the prominence of the organisational values “openness” (5% current versus 42% desired), “clarity” (6% current versus 40% desired), “involvement” (15% current versus 40% desired) and “reliability” (12% current versus 36% desired). Nurses specifically desire less “resolving of conflicts” (30% current versus 0% desired) and more “entrepreneurialism” (3% current versus 31% desired). Managers especially would especially like to see more “creativity” (0% current versus 35% desired).

Table 6.8 shows the largest differences between current organisational values chosen between age groups.

**Table 6.8** Largest differences in current organisational values chosen between age groups, in percentages per age group

<b>Current organisational value</b>	<b>Value chosen by aged under 40 (%) (n=39)</b>	<b>Value chosen by aged 40-50 (%) (n=65)</b>	<b>Value chosen by aged over 50 (%) (n=105)</b>	<b>Largest difference between two age groups</b>
bureaucracy	21	28	41	20
client satisfaction	26	39	43	17
safety	26	14	10	16
power	8	0	16	16
withholding information	21	6	11	15
continually learning	10	25	17	15
monitoring	8	12	22	14
cost reduction	33	20	20	13
shared vision	10	0	2	10
pride	13	5	3	10
leadership development	13	2	3	11
adaptability	13	17	6	11
responsibility	15	23	12	11
financial stability	15	20	26	11
development of employees	5	0	11	11

Table 6.8 shows that the under 40 age group chose the values “withholding information” (21%), “leadership development” (13%), “cost reduction” (33%) and “safety” (26%) as current organisational values more often than the respondents over 40. They chose the current organisational value “shared vision” (10%) more often than the 40-50 age group and the value “pride” (13%) more often than the over 50 age group. The 40-50 year old group chose “continually learning” (25%) and “client satisfaction” (39%) more often as current organisation values than the under 40 group and chose the current values “adaptability” (17%) and “responsibility” (23%) more often than the over 50 age group. The over 50 group chose “bureaucracy” (41%) more of both younger age groups as current organisational values. They more often chose the current values “client satisfaction” (43%), “financial stability” (26%) and “monitoring” (22%) than the under 40 age group and chose the current values “power” (16%) and “development of employees” (11%) more often than the 40-50 age group.

Table 6.9 shows the largest differences between current and desired organisational values for each age group.

**Table 6.9** Largest differences between current and desired organisational values, in percentages per age group

Organisational value	Value chosen by aged under 40 (current/desired %) (n= 39/31)	Value chosen by aged 40-50 (current/desired %) (n=65/61)	Value chosen by aged over 50 (current/desired %) (n=105/94)	Largest difference between current and desired
openness	5 58	5 39	7 32	53
involving employees	23 71	20 56	28 53	48
listening	5 45	11 39	1 41	40
bureaucracy	21 0	28 0	41 1	40
clarity	5 35	5 43	6 33	38
honesty	3 39	5 30	2 15	36
involvement	10 45	14 30	17 36	35
valuing employees	10 39	15 46	16 43	27

Comparing current and desired organisational values chosen by each age group, it can be seen that more “listening” is one of the most desired organisational value changes in each age groups. The youngest age group (under 40) especially desires more emphasis on the values “openness” (5% current versus 58% desired), “involvement of employees” (23% current versus 71% desired), “honesty” (3% current versus 39% desired) and “involvement” (10% current versus 45% desired). Those aged 40-50 especially would like to see more prominence for the values “clarity” (5% current versus 43% desired), “involvement of employees” (20% current versus 56% desired), “openness” (5% current versus 39% desired), and “valuing employees” (15% current versus 46% desired). The values that the over 50 year olds would like to see more pronounced in their organisation are “clarity” (6% current versus 33% desired) and “valuing employees” (16% current versus 43% desired), while they would like to see less “bureaucracy” (41% current versus 1% desired).

Table 6.10 shows the largest differences between current organisational values chosen between sectors.

**Table 6.10** Largest differences in current organisational values chosen between sectors, in percentages per sector

<b>Current organisational value</b>	<b>Value chosen Facility-based (%) (n=177)</b>	<b>Value chosen Home-based (%) (n=32)</b>	<b>Difference</b>
bureaucracy	36	16	20
cost reduction	25	6	19
job insecurity	31	13	18
home/work balance	25	7	18
client satisfaction	53	36	17
equality	19	2	17
monitoring	19	3	16
productivity	23	9	14
trust	19	5	14
result-oriented	25	13	12
image	12	0	12
risk-taking	15	3	12
financial stability	24	13	11
mission-oriented	22	11	11
quality	31	20	11

Comparing the current organisational values chosen by respondents working in the facility-based and those working in the home-based care sector, it can be seen that the discrepancies between these groups are larger than those between age groups. Most importantly, the values “bureaucracy” (36%), “cost reduction” (25%), “job insecurity” (31%), “monitoring” (19%), “productivity” (23%), “result-oriented” (25%), “image” (12%), “risk-taking” (15%) and “financial stability” (24%) are more often chosen by respondents working in the facility-based care sector than those working home-based. In turn, the home-based care respondents chose “home/work balance” (25%), “client satisfaction” (53%), “equality” (19%), “trust” (19%), “mission-oriented” (22%) and “quality” (31%) more often as current organisational values than facility-based respondents.

Table 6.11 shows the largest differences between current and desired organisational values for each sector.

**Table 6.11** Largest differences between current and desired organisational values, in percentages per sector

Organisational value	Value chosen Facility-based (current/desired %) (n= 161)	Value chosen Home-based (current/desired %) (n=25)	Largest difference between current and desired
clarity	6 35	0 44	44
involving employees	25 56	22 64	42
openness	6 38	6 44	38
listening	5 42	6 36	37
bureaucracy	36 1	16 0	35
employee health	16 31	9 44	35
involvement	14 33	19 52	33
valuing employees	14 44	22 36	30

Looking at the largest differences between current and desired organisational values between care sectors, facility based care respondents mostly desire more “listening” (5% current versus 42% desired), less “bureaucracy” (36% current versus 1% desired), more “openness” (6% current versus 38% desired) and more “valuing of employees” (14% current versus 44% desired) while home-based care respondents specifically desire more “clarity” (0% current versus 44% desired), “employee health” (9% current versus 44% desired) and “involvement” (19% current versus 52% desired). Employees in both care sectors especially would like to see more “involvement of employees” (25% and 22% current versus 56% and 64% desired for facility- and home-based respondents respectively) as well as more “openness” in their organisation (6% and 6% current versus 38% and 44% desired for facility- and home-based respondents respectively).

The results of the Barrett-inspired Organisational Values Assessment, give a valuable first insight into what SZMK employees consider to be important characteristics of their current and their desired organisation. SZMK employees consider their current organisation to center on such important values necessary for good quality care as client satisfaction, professionalism, quality and teamwork. SZMK employees generally would want their organisation to be less bureaucratic, and aimed at results and productivity, but instead have more room for listening, involving and valuing employees, openness and clarity. Some differences between subgroups within SZMK were also identified.

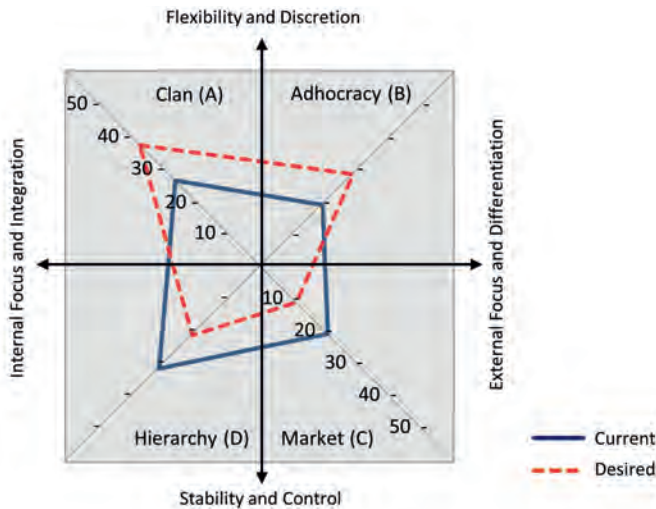
Most notably, especially nurses consider SZMK to currently be aimed at cost-reduction, productivity and bureaucracy, while they would like more entrepreneurialism in their organisation. Nurse assistants especially would like their organisation to be more open, clear and involved, while managers especially would like to see more creativity. Younger employees especially would like their organisation to become more open, honest and involved, and also to involve employees more. The older employees especially would like their organisation to value employees more, and be less bureaucratic. Employees working in facility-based care were more likely to experience their current organisation as one where bureaucracy, cost reduction, job insecurity, productivity, result-orientedness, financial stability and monitoring were important. SZMK employees working in home-based care especially considered their organisation to currently be directed towards client satisfaction, quality, home/work balance, mission-orientedness, trust and equality.

### 6.3 Organisational culture assessment

In this section I present the results of the Organisational Culture Assessment Instrument (OCAI) survey. As discussed in section 3.5.2, the respondents (n=140) had to divide 100 points between four statements, for six elements of the organisational culture (i.e. dominant characteristics; organisational leadership; management of employees; organisational glue; strategic emphases; and criteria of success). The more the respondents felt the statements applied to their organisational culture, the higher the score attributed to that statement. This was done both for the perception of the respondents' current, as well as their desired organisational culture type.

The four statements belonging to each element, relate to the four types of organisational culture: A) Clan culture, which is characterised as cohesive, participative, bonded by loyalty and tradition, with an emphasis on morale, where the leader is a mentor; B) Adhocracy, or developmental, culture, which is creative, adaptive, bonded by entrepreneurship, with an emphasis on innovation, led by an innovative, risk-taking leader; C) Market, or rational, culture, which is marked by competition and acquisition, with an emphasis on winning, and a goal-oriented leader; and D) Hierarchy culture, which is ordered and uniform, bonded by rule and policies, with an emphasis on predictability, where the leader is more of an administrator. The organisational culture types are placed along two axes, relating to the type of processes and the type of focus of the organisation. The type of processes can be more flexible and discrete (relationship-based), such as those in a clan or adhocracy culture, or more stable and controlled (mechanistic), such as those in a market or hierarchy culture. The type of focus can be more internal and aimed at integration, such as the clan and hierarchy culture, or more external and aimed at differentiation, such as the adhocracy and market culture.

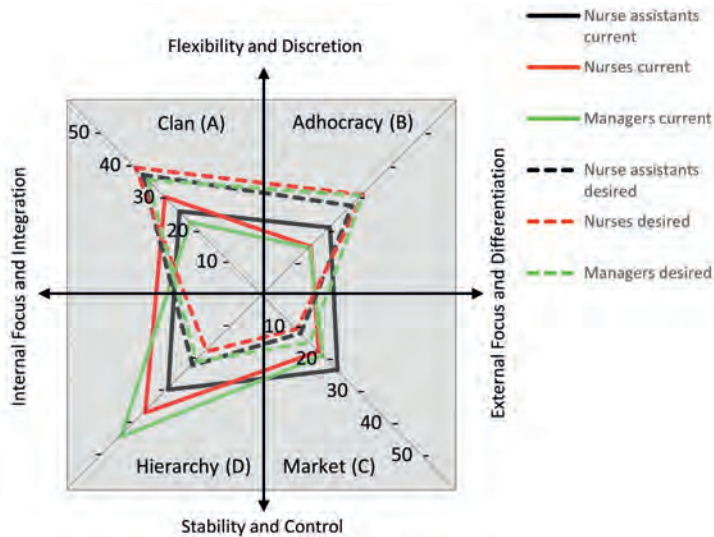
Figure 6.1 shows the overall current and desired organisational culture, as indicated by the respondents: i.e. the average of the six dimensions of organisational culture as measured by the CAI.



**Figure 6.1.** Overall current and desired organisational culture

From figure 6.1, it can be seen that, overall, employees experienced the current organisational culture as containing features of all four cultural types, with a slight emphasis on hierarchy (32%) and clan (27%), and less of an emphasis on market and adhocracy (21% and 19% respectively). The organisation thus seems to have been more internally, than externally, focused. The desired organisation was more clan oriented (38%) and adhocracy oriented (29%), i.e. towards more flexibility and discretion, with much less emphasis on market orientation (11%) and hierarchy (21%), i.e. moving away from the stability and control axis.

Figure 6.2 shows the outcome for overall organisational culture, plotted separately by function.

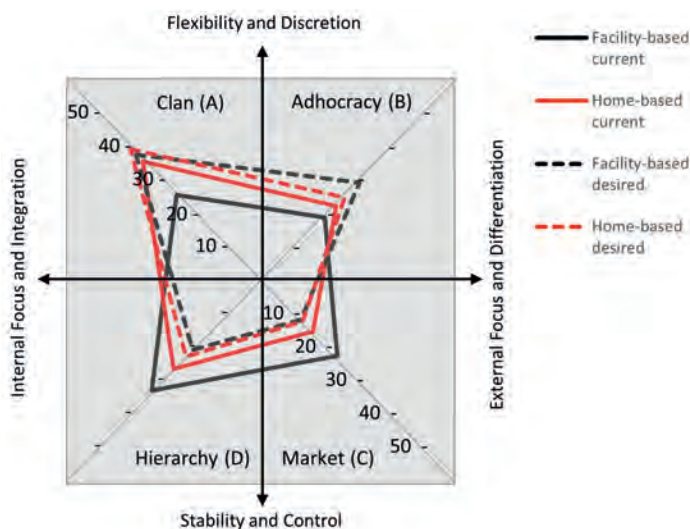


**Figure 6.2.** Overall Current and Desired Organisational Culture, by function

In figure 6.2, it can be seen that while all three function groups desired a similar overall organisational culture, there are some differences when it comes to how they experienced the current organisational culture. Managers, and to a lesser extent nurses, consider the current organisational culture to be more hierarchic than their nurse assistant colleagues. The results show that managers particularly experience their organisation as a very formalised and structured place, where procedures govern what people do, while they would like to work in a more dynamic, entrepreneurial, and creative place, where people dare to take risks.



Figure 6.3 shows the overall organisational culture, for respondents working in facility-based and home-based care.



**Figure 6.3.** Overall Current and Desired Organisational Culture, by care sector

Figure 6.3 shows that the home-based respondents' current and desired graphs are very similar (i.e. home-based employees seem content with the current organisation), while the facility-based respondents show a larger discrepancy between current and desired overall culture. The latter currently experience a greater emphasis on the stability and control axis (i.e. more hierarchy and market), while they would like to see a stronger emphasis on the flexibility and discretion axis (i.e. more clan and adhocracy). The home-based respondents already experience their current organisational culture as mostly clan-oriented, matching their desired organisational culture.

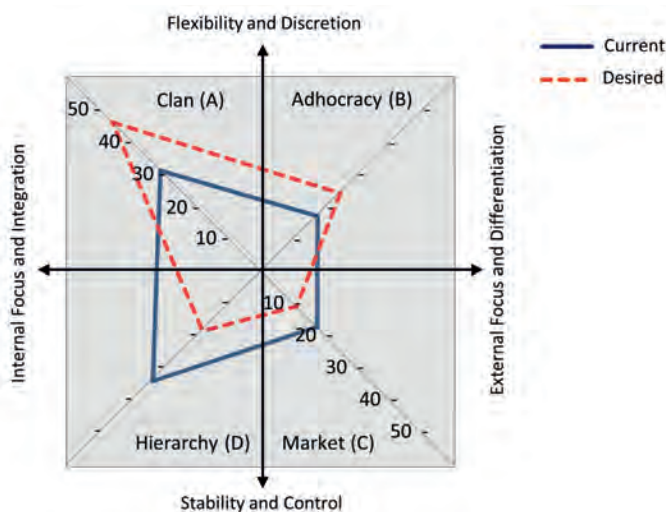
When analysing the outcomes of the six specific cultural dimensions, a number of interesting patterns are found. For example, while less hierarchy is commonly desired by all respondents, the nurse assistants actually seem content with the current, moderate, levels of hierarchy in their organisation's "leadership" and "management style" (between 26% and 30% for current and desired scores). They appear to prefer the current level of coordination, planning and efficiency-mindedness of the organisation's leaders and appreciate the security of employment and predictability with which management is concerned. According to the managers, however, these hierarchic features of leadership and management style are too prominent in their organisation, and they would prefer a much stronger shift towards clan oriented leadership and management, where leaders play more of a mentoring or even a parental role, and where teamwork, participation and consensus is valued (with "management of employees" scoring 50% current versus

20% desired and “leadership” scoring 39% current versus 21% desired). Nurses feel the same way, although to a lesser extent. The latter would actually also prefer a larger shift towards adhocratic leadership and management (18% current versus 34% desired and 11% current versus 29% desired respectively), where leaders are innovators and risk takers, and where individual initiative and freedom is valued. All types of professionals would like the leaders in their organisation to be even less hard driving and demanding than they currently are, but, unlike their colleagues delivering care, managers actually do prefer the current moderate level of market orientation in management style (17% both current and desired), which merts competitiveness and performance in employees.

While all respondents consider their organisation to an important degree to be held together by formal rules and policies (the “organisation glue”), this is most pronounced in the facility-based group. This group also experiences more emphasis on performance and reaching targets, while like their colleagues working in home-based care, they would like to see least emphasis on these market oriented features. Facility-based respondents feel more strongly that a shift towards experimentation and innovation should be made. Both groups desire to see a shift towards an organisation which is predominantly held together by loyalty, tradition and commitment.

All respondents desire a similar pattern of “strategic emphases”, with the largest focus on human resource development, trust, openness and participation, and to a lesser but important extent on acquiring new resources, creating new challenges, trying out new things and looking for chances. While the facility-based respondents feel their organisation still needs to change more towards these strategic emphases than currently is the case, their home-based colleagues are already content with their organisation’s current strategic emphases. Managers experience the current strategic emphases to be more directed towards stability and performance than nurse assistants, while they experience it to be slightly more focused on competitive action and achievement of measurable goals and targets than their colleagues.

Figure 6.4 shows how the respondents' characterise the organisation's current and desired criteria of success.



**Figure 6.4.** Current and desired criteria of success

Figure 6.4 shows that, respondents would like to see the most clan orientation when it comes to the organisation's "criteria of success" (47% desired versus 32% current). Further analyses showed that nurses and managers especially feel that success is currently defined mostly in terms of dependable delivery, smooth scheduling, and low cost, while, like all respondents, they strongly feel that success would be better defined by sensitivity to clients and concern for people. Facility-based respondents desire a similar shift, while their home-based colleagues already seem content with the current criteria of success.

A final noteworthy finding is that hardly any differences were found between ratings of the current and desired organisational culture as measured with the OCAI, between age groups, indicating there were no great differences between age groups in the way they experienced their current and desired organisational culture.

Overall, the results of the OCAI allowed for a clear, but more general picture of how respondents view SZMK's current and desired organisational culture. Respondents experienced their current organisational culture as leaning towards a hierarchical, but people-oriented culture, characterised by loyalty, tradition, cohesion and participation, which is more internally than externally focused. This strongly relates to the image of SZMK that I gained through my own impressions of the organisation, as well as the different interviews and the fieldwork conducted during this study. According to the OCAI results, respondents would like their organisation to become less hierarchical and

market-oriented, and become more people- and innovation-oriented. According to the theory behind OCAI, this means a desired shift from stability and control, towards more flexibility. This strongly reflects the wishes of professionals in the Dutch care sector in general. As described in section 4.1.2, the most important criticism by professionals working in the Dutch care sector, was the lack of the “human dimension” in care, due to the strong focus on regulations and protocols. Especially managers, nurses, and facility-based respondents experience their current organisation as much more hierarchical than they would prefer. The facility-based respondents especially desire a strong shift from stability and control towards more flexibility. Interestingly, the type of organisational culture the facility-based respondents *desire*, already resembles the home-based care respondents’ *current* organisational culture. The latter also seem much more content with their current organisation, given the fact that it already greatly resembles their desired organisational culture. This might indicate that home-based care professionals already work in a more flexible way, in which there is more room for the “human dimension”. Given the desired shift in the more political stream of the Dutch elderly care sector, described in section 4.1.2, from more institutional care towards more home-based care, this would indicate that such a shift would also suit care professionals’ wishes.

## 6.4 Cultural context at SZMK

In this section I interpret the results of the Barrett-inspired and the OCAI survey, in order to get an idea of the different Shared Mental Models existing in SZMK at the time of the Malawi-Netherlands exchange.

### 6.4.1 General cultural context

The results of the (Barrett-inspired and OCAI) survey among SZMK employees showed that people working at SZMK generally characterised themselves as involved, reliable, caring, responsible, enthusiastic and positive, honest, respectful, social, fun, and empathic people. These strongly relate to the values generally associated with care work:

*Care ethics flourishes in such values as responsibility, feelings, respect, reliability, responsiveness, empathy, attentiveness, concreteness, etc. Care largely involves responsibility. It means accepting that one has positive duties concerning the welfare of others. (Ehiakhamen, 2014, p. 147)*

Generally, the SZMK employees experienced their organisation as containing elements of different organisational culture types, with more of an internal than an external focus. Some of the most often chosen values that they considered to describe their organisation best were typical of a hierarchy culture (e.g. bureaucracy) or a clan culture

(e.g. involving employees), while others were more typical for a market culture (e.g. result-oriented, cost reduction) or adhocracy culture (e.g. continual improvement). Current organisational values that were especially valued were client satisfaction, financial stability and teamwork.

Respondents felt that their ideal organisation would be more people (clan culture) and innovation (adhocracy culture) oriented, with much less emphasis on market orientation and hierarchy than it was currently the case. They felt that organisational success should be defined in terms of sensitivity to clients and concern for people. Furthermore, respondents felt that the organisation's focus should be on human resource development, trust, openness and participation, besides acquiring new resources, creating new challenges, trying out new things and looking for chances. They particularly liked to see the values listening, involvement of employees, openness, clarity, valuing employees, honesty, involvement and home/work balance more prominently in their organisation, while they desired less emphasis on bureaucracy, job insecurity, result-orientation, cost reduction and productivity.

Interestingly, externally oriented values such as welcoming diversity and global awareness were hardly chosen to represent either the current or the desired organisational culture. This may indicate that the climate for international exchanges was not very favourable at the time. Other values such as adaptability, initiative, shared values and shared vision, were also hardly chosen to represent the current or the desired organisational culture, while the previous chapters have shown that SZMK's higher management considered these aspects to be very important in the current context. An international exchange may play a role in developing these values in the organisation.

#### 6.4.2 Types of professionals

The results of the survey show that the different professional functions at SZMK were characterised by different prominence of individual values. This indicates that different employee profiles could be attached to different functions, with their own sets of Shared Mental Models. For example, compared to the other groups, nurse assistants especially valued being involved and caring, nurses especially valued quality, competency and wisdom, and managers especially valued taking initiative and being fair. These values can be related to the type of requirements needed for these different professions.

Differences in Shared Mental Models between types of professionals were also found in terms of how they experienced their working environment, or organisational culture. For example, nurse assistants especially experienced their organisation as one where continual improvement, continually learning and social awareness were valued. Nurse assistants especially desired more openness, clarity and even more involvement. While all respondents generally wanted to see less hierarchy in the organisation, nurse

assistants actually seemed content with the current, moderate, levels of hierarchy in their organisation's leadership and management style. They appear to have preferred the current level of coordination, planning and efficiency-mindedness of the organisation's leaders and appreciated the security of employment and predictability with which management was concerned.

Nurses were more likely to consider their organisation as one where cost reduction, productivity and caution were important and with highly independently functioning parts, compared to their colleagues. More than the other groups they felt that resolving conflicts was a prominent element in the current organisation, while they wanted this to become less so. Nurses particularly preferred a shift towards adhocratic leadership and management, where leaders are innovators and risk takers, and where individual initiative and freedom is valued. Both the OCAI and Barrett-inspired results show that nurses specifically desired more entrepreneurialism. Furthermore, nurses and managers both felt that success was currently defined mostly in terms of dependable delivery, smooth scheduling, and low cost, while, like all respondents, they strongly felt that success should predominantly be defined in terms of sensitivity to clients and concern for people.

Managers at SZMK were more likely to choose reliability, involvement and integrity as current organisational value than their colleagues. They experienced the current organisational culture as more hierarchic than their nurse assistant colleagues, seeing it as a very formalised and structured place, where procedures govern what people do. They would prefer to work in a more dynamic, entrepreneurial, and creative place, where people dare to take risks. To a lesser degree this also applies to nurses. That especially managers would like their organisational to become more creative was found in both the OCAI as the Barrett-inspired survey analyses. Managers, and to a lesser extent nurses, preferred a much stronger shift towards clan-oriented leadership and management, where managers play more of a mentoring or even a parental role, and where teamwork, participation and consensus is valued. While all types of professionals would prefer their leaders to be less demanding, only managers prefer the current moderate focus on competitiveness and performance in management style.

#### 6.4.3 Facility- and home-based professionals

Both the OCAI results and the results from the Barrett-inspired instruments revealed some noticeable differences between facility- and home-based respondents when it comes to the current and desired organisational culture. The OCAI results suggest that home-based respondents were more content with the current organisational culture than the facility-based respondents. The latter experienced more of a hierarchy and market type culture compared to their home-based colleagues, while they wanted to see their organisation become more of an adhocracy and clan culture. The home-based respondents already experienced their current organisational culture as mostly

clan-oriented, which corresponded with their desired organisational culture. This is supported by the findings from the analyses of the Barrett-inspired instruments, which shows that facility-based respondents more often chose such values as bureaucracy, cost reduction, job insecurity, monitoring, productivity, result-oriented, risk-taking and financial stability to describe their current organisation.

Facility-based care employees particularly desired less bureaucracy and more listening, openness and valuing of employees. Although all respondents considered their organisation to an important degree to be held together by formal rules and policies, this was most pronounced in the facility-based group. The latter also experienced more emphasis on performance and reaching targets, while they actually preferred least emphasis on these market-oriented features. Facility-based respondents felt more strongly that a shift towards experimentation and innovation should be made. They desired more of a shift from success being defined in terms of dependable delivery and low costs to one where sensitivity to clients and concern for people are central, while their community-based colleagues already seemed content with the current criteria of success. Home-based respondents chose home/work balance, client satisfaction, equality, trust, mission-oriented and quality more often as current organisational values than their facility-based colleagues, while they specifically desired more clarity and employee health. Respondents from both care sectors especially liked to see more involvement of employees as well as more openness in their organisation.

### 6.4.4 Age groups

The Barrett-inspired Personal Values Assessment showed some interesting differences in the prominence of individual values between age groups. For example, younger respondents valued professional and personal growth more compared to the older respondents, while the older groups more often chose values such as adaptability, cooperation, creativity and respect. These differences could simply be due to differing stages in their career, but may also reflect general differences in generations. For example, according to a report on the characteristics of Dutch health workers (Prismant/Motivaction, 2009), the “generation Y”, born after 1985, are thought to have a different value orientation than previous generations of employees. For example, self-actualisation is more important to them. Furthermore, they find a good work/life balance very important, as well as getting inspiration from and being challenged in their work. According to the same report, the new generation of employees does not expect control and steering, but coaching and inspiration, appreciating a more horizontal, versus a vertical and hierarchic, organisation, with a flexible culture, based on cooperation. They are also more likely to switch employers if their job does not meet their expectations.

When it comes to the way different age groups experience the current organisational culture at SZMK and how their ideal organisation would look like, the OCAI results do

not show any marked differences. The results of the Barrett-inspired Organisational Values Assessment does show some differences between age groups, but they are much smaller than when comparing types of professionals. For example, the over 50 age group experienced the organisation as more bureaucratic than the younger age groups, while they would like this to decrease. The younger age groups, in turn, especially wanted more involvement of employees and more openness.

#### 6.4.5 Measuring values and culture

For this part of the study, I choose to use a quantitative approach to capture the constructs values and culture, through an online survey containing the OCAI and the Barrett-inspired value assessment. Using a quantitative approach for this part of the study had several advantages over a more qualitative approach. Firstly, it ensured that all individuals within SZMK were represented. Secondly, it allowed for an analysis on differences between subgroups within the organisation. Thirdly, it gave an indication of the differences in importance between elements representing organisational values and culture. For example, the OCAI results did not only indicate that SZMK employees desired a more adhocratic, or innovation-oriented, organisation, but it also showed the strength of this desire compared to other (un)desired elements.

While the OCAI has been used extensively in academic studies on organisational change, the original Barrett method has not yet been included in many academic studies. The provisional results of another academic study using the Barrett-inspired method to monitor organisational change in a Dutch elderly care setting (Stokmans, Van Reisen & Landa, 2018) showed how this method can be successfully used to measure the development of the alignment of personal values and organisational values ('cultural entropy') over time. In this study, I found that the Barrett-inspired method was a useful tool to quickly capture, explicate and make visible differences between groups of people. Through the quantification of values, the method allowed for a more nuanced perspective on the importance of certain values, as compared to others. Taking the input from the project group and the group of Dutch exchange participants into consideration, it can be concluded that the original values needed only slight adjustment to capture the most important values within the Dutch elderly care context. The comments of SZMK respondents on which important values they had missed in the questionnaire, corroborated this finding.

Looking at the merits of the two different means of measuring values and culture within SZMK, I found that using these two methods allowed both for better interpretable results, as well as more credible results. Overall, the OCAI assessment allowed for a clear *overall* picture on how respondents viewed their current and desired organisational culture. While the results of Barrett-inspired assessment produced more *specific* characteristics of the current and desired organisation, the OCAI results allowed for a quick, but telling, impression of the respondents' idea of how their organisation does



and should function. While the OCAI results by themselves may be considered too broad to produce practical suggestions on which aspects of the organisation should change, it provides a very strong and clear overall assessment on how employees experience the existing type of culture and what type they would like their organisation to become. I found that the OCAI provides a useful and insightful framework from which the Barrett-inspired results can be better placed and understood, than if only the Barrett-inspired method would have been used. The OCAI results thus allowed for a more coherent picture of the Shared Mental Models existing within SZMK at the time, than if only the specific current and desired characteristics produced by the Barrett-inspired assessment would have been used.

At the same time, the thematic overlap found in the broad picture provided by the OCAI results and the specific values identified by the Barrett-inspired method, increases the likeliness of these results reflecting the actual ideas and preferences of SZMK employees. Having two highly different means of measuring thematically related constructs producing mutually supportive outcomes, increases their credibility. For example, both instruments found that especially nurses desired SZMK to become more entrepreneurial and innovative. As mentioned in section 3.7, one way of increasing construct validity in a case study is to use multiple sources of evidence (Yin, 1994), as they provide multiple measures of the same phenomenon (Baškarada, 2014). In this case, where the construct under study was organisational values and culture, using two measures can be considered to have increased construct validity.

## 6.5 Conclusions

In this chapter I discussed the outcomes of the survey on individual and organisational values and culture conducted among the employees of Stichting Zorgcombinatie Marga Klompé (SZMK). The aim of this chapter was to answer research question 2c: *What are the organisational conditions that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?* Through conducting a survey among all SZMK personnel, I wanted to get a broad perspective on the types of Shared Mental Models existing at SZMK at the time. Through asking people to describe their current *and* their desired organisational values and culture, I was able to get an idea of the direction in which SZMK employees wanted their organisation to develop. In terms of Kingdon's (1984) multiple streams theory, the difference between employees' current and desired organisation says something about existing problem and policy streams within the organisation. Comparing different sub-groups within the organisation allowed for a more realistic representation of SZMK, in which different types of functions work together. The Shared Mental Models within the sub-group of manager can be considered to reflect the political stream.

The most prominent personal values that all SZMK employees were found to have in common, i.e. the values that can be considered to form part of the Shared Mental Models within the whole organisation of SZMK include being involved, reliable, caring, responsible, enthusiastic and positive, honest, respectful, social, fun, and empathic. Such values strongly relate to those generally associated with care work. Differences in Shared Mental Models were found when comparing prominence of personal values between types of professionals within SZMK, which are related to their specific profile and job description: i.e. nurse assistants chose such personal values as involved and caring more often than their colleagues, nurses chose quality, competency and wisdom more often than their colleagues, and managers more often chose the personal values initiative and fairness.

Respondents generally felt that their organisation should become even more people-oriented (clan culture) and innovation-oriented (adhocracy culture), with much less emphasis on market-orientation and hierarchy than the current organisation. In Kingdon's (1984) terms, an existing problem stream within SZMK considers the organisation to put too much emphasis on market-orientation (particularly result-orientation, competitiveness) and hierarchy (particularly bureaucracy). An existing policy, or solutions, stream within SZMK opts for a more people-oriented organisation, which has client and employee welfare as its primary aims. I found that especially the facility-based employees desire a more people-oriented organisation, with less hierarchy and bureaucracy and more prominence for listening, openness and valuing of employees. In short, especially the facility-based SZMK employees seem to prefer a *more egalitarian, democratic, less top-down* organisation, i.e. an organisation where change is not necessarily developed and initiated by management, but through the input of care professionals themselves. In this sense, the fact that practicing care personnel, i.e. nurse assistants and nurses, participate in the Malawi-Netherlands exchange, is likely to be more accepted among SZMK personnel than another exchange including (only) managers would be. This view was also expressed by the previous participants of international work visits (see section 3.4.1). A wider support base within SZMK is likely to be more favourable for possible changes to be initiated after the exchange.

The results also indicate another existing policy, or solutions, stream within SZMK, namely one focusing on innovation. Especially nurses were found to want their organisation to become more innovative, entrepreneurial and outward-looking. This indicates that especially nurses at SZMK are open to change, and welcome new, "foreign", ideas. On the one hand, this strengthens the argument for including SZMK nurses in the Malawi-Netherlands exchange. On the other hand, this may indicate a favourable atmosphere, especially among nurses, for change to take place as a result of international exchange.





Comparing contexts



In this chapter I discuss how comparisons of contexts, made during the Malawi-Netherlands exchange, led to individual and collective change. I consider changes within SZMK, including changes within SZMK exchange participants, to be part of the second “case” in my multiple-case study. Changes within Blantyre CHC, or its exchange participants, form part of my third “case”. In this chapter I aim to answer all of the research questions, namely: RQ1) *What are individual and organisational changes resulting from international exchange?*; RQ 2) *What are the conditions that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon’s multiple streams model help explain the relation between the conditions and subsequent changes?*; and RQ 3) *What does the process of individual and organisational change resulting from international exchange look like, and to what extent can Kim’s OADI-SMM model help in understanding this process?* To answer these research questions in this chapter I use data obtained through my field notes and participant observation during the Malawi-Netherlands exchange, and retrospective interviews with its participants.

The previous chapters already allowed for an insight into the relevant national and organisational contextual elements of SZMK and Blantyre CHC, which could form starting points for change as a result of the Malawi-Netherlands exchange, as well as contextual elements that may influence the possibilities for and directions of change within the two organisations. On the one hand, I showed how Blantyre CHC can be expected to provide a positive example of home-based care and the human dimension of care, while SZMK offers a positive example of an organisation that provides highly professionalised elderly care and values “soft”, people-oriented, skills. On the other hand, I have found that Malawi experienced a lack of professional knowledge on and practice of elderly care in Malawi, while the Netherlands experienced a desired and actual movement from professionalised care to home-based care, including an increasing role for the family. These conditions within one’s own context can be expected to be highly relevant, as they determine both the mind-set of the participants (as representatives of the Shared Mental Models existing in their organisation) and provide one’s own setting in which initiatives for change will be facilitated or hampered.

In this chapter I will demonstrate how these contextual elements, in combination with the particular exchange conditions, led participants to make *comparisons* between their own and the foreign context encountered during the Malawi-Netherlands exchange that eventually led to change. While this chapter gives many examples of specific changes and conditions determining this change, the common denominator of these examples is the making of comparisons. Comparing contexts is thus the determining starting point in the process of change in this chapter. In section 7.1 I will first describe the background characteristics of the Malawi-Netherlands exchange participants. In section 7.2 I discuss how making comparisons lead to individual-level change, and in section 7.3 how it can also lead to collective change. Section 7.4 will focus on how recognised similarities

between contexts and participants facilitated the process of change. In the concluding section 7.5, I will discuss how the findings relate to the research questions.

## 7.1 Background characteristics exchange participants

### 7.1.1 Dutch exchange participants SZMK

The Dutch group of six exchange participants consisted of:

1. a facility-based nurse assistant;
2. a home-based care nurse assistant;
3. a home-based care nurse starting as a community-based care nurse;<sup>24</sup>
4. a facility-based care nurse, working in a small-scale care setting;
5. a facility-based care nurse and coordinator, working in a small-scale care setting;
6. a facility-based care nurse, working in rehabilitation care.

As intended, the group was diverse in terms of gender (5 females and 1 male); age (2 participants under 30, 1 between 40 and 50, and 3 older than 50); type of care worker (2 nurse assistants, 3 nurses or coordinating nurses and 1 community-based nurse); care sector (2 working in home-based care and 4 working in facility-based care, of which 2 in small-scale facility based care); location and area (with participants working in 4 different areas, out of 5 geographical areas in total, with the 4 facility-based participants working from 3 different locations, out of 12 locations in total).

### 7.1.2 Malawian exchange participants Blantyre CHC

The group of six Malawian exchange participants consisted of:

1. a health secretary: management member of the home-based care programme, technical advisor in home care work in the Diocese, and former nurse with experience in home care work, currently working at the central office in Blantyre;
2. a health projects coordinator trained in public health, involved in the Performance Based Financing programme, working at the central office in Blantyre;
3. a matron at Phalombe hospital where the Dutch participants resided during the Malawi visit, background as a nurse and midwife, and former chairperson for district technical working group for home-based care;
4. a community nurse: also working as a Performance Based Finance evaluator working with CBO/FBOs in Phalombe district;

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<sup>24</sup> This constituted a new function developed that year, indicative of the transition towards decentralised care.

5. a field health officer, trained as clinical officer, with extensive experience with community volunteers, working in the community home-based care programme in Phalombe district;
6. a district AIDS coordinator/community worker, working in the area where field visits took place during the Malawi visit.

The Malawian exchange participants also formed a diverse group of professionals working for and with CHC Blantyre, in terms of gender (3 females and 3 males), function and location. The Malawian group was less diverse than the Dutch group in terms of age (between 45 and 53 years old). They were, however, a more diverse group in terms of function. When it came to location, they operated in roughly two separate locations: namely the central office in Blantyre and several distinct locations in Phalombe district.

## 7.2 Individual-level change through comparing contexts

In this section I will discuss how individual-level change occurred on the basis of making comparisons during the Malawi-Netherlands exchange. The examples are drawn from the retrospective interviews with the Malawi-Netherlands exchange participants. Important to note is that I considered individual-level change to be change that occurred entirely *within* individuals, rather than *together with* multiple individuals. While the same individual-level change may occur within many, or even all, individuals within a team, I consider it to be distinct from collective-level change, in the sense that it involves an entirely *internal* change process. Collective change, on the other hand, occurs through a collective process, in this case, within exchange teams. The collective change process and/or outcome, I believe, will involve communication between individuals in the group. As such, it will be more observable than individual change, which may occur completely internally within one or more individuals.

Another important thing to note is that the examples of individual-level change were mostly found in the data collected through interviews with Dutch exchange participants, which took place one year after the exchange. While the Malawian exchange participants were also asked about individual-level change, at the time when they were interviewed the exchange experience only just finished, without leaving much time for individual reflection between the exchange and the interview. Also, in preparation for their post-exchange interview, the Dutch participants were asked to complete a second questionnaire on personal and organisational values and culture. This allowed for a comparison between the two results on an individual level. This comparison was used as a basis for the post-exchange interviews, which created much more opportunity as well as triggers to reflect and comment on individual-level change, compared to

the interviews held with the Malawian exchange participants immediately after their exchange activities.

### 7.2.1 Gaining a new perspective

An important outcome of the exchange that can be attributed to the recognition of a contrast in context and people is a more general broadening of one's perspective. This broadening of one's perspective was referred to by all participants upon being asked at the start of each retrospective interview how they had experienced the exchange. All participants considered the exchange a highly positive experience that could be recommended to other colleagues. Being able to experience a completely different care context was believed to be beneficial due to the fact that they gained a wider perspective, and experienced a boost in energy when returning to their daily work.

*Coming here alone is a motivation. We go back refreshed. (...) I think you always have to look for new possibilities. Reflecting is important.*

(Retrospective interview MAL participant 5,<sup>25</sup> Netherlands visit day 10)

The broader perspective, versus being too much stuck in one's own ways of thinking and working, was considered to enable a process of looking critically at oneself and one's situation:

*I think it brings people the ability to get out of their tunnel vision. (...) If you get this type of opportunity, I think you can get out of it. Simply to get a broader image, a broader perspective, also on care.*

(Retrospective interview NL participant 4, one year after the exchange)

When being asked what made the biggest impression during the exchange, the Dutch participants mentioned that they experienced a "culture shock", and how they experienced this as very, and often unexpectedly, large. Many mention how they had a preconceived idea through media, but that being there made it more "real" and very impactful. The examples then mentioned of what caused this culture shock were mostly the impoverished circumstances people live in, and the accompanying lack of possibilities to tackle problems and hardships, including health issues. The lack of money and resources, and the accompanying lack of access to professional health care, which clients and volunteers have to live with, was something that left a deep impression on the Dutch team members

The exchange provided the Dutch participants with the opportunity to experience Malawian conditions, which were characterised by poverty and lack of resources,

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<sup>25</sup> The numbering of the Malawi-Netherlands exchange participants refer to the numbering used in section 7.1.



especially in comparison with the Dutch participants' own context. Participants encountered a stark contrast in means and possibilities throughout their stay in Malawi. For instance, this was experienced at Phalombe hospital where the participants resided for a week, during field trips to the rural areas and through contact with Malawian clients receiving community-based care, their volunteers and others. The confrontation with people living in poverty evoked a lot of emotion among the Dutch team. During the exchange it became clear that the Dutch participants felt overwhelmed at times when hearing certain individual stories of clients or other individuals they met. For example, a terminally ill client in Malawi was mentioned by two Dutch exchange participants to have made the biggest impression on them and evoked the most emotion during the exchange, due to the fact that there were no means to ease his suffering in the way that is common practice in the Netherlands:

*The fact that he is just laying there. That there isn't anything to speed up the process. (...) Actually it's just waiting until someone dies. While here in the Netherlands you have so many possibilities to make sure someone is not in pain.*

(Retrospective interview NL participant 1, one year after the exchange)

While the confrontation with poverty created strong feelings of helplessness among the Dutch participants, it also led all Dutch participants to feel grateful for their own situation. The following quote shows how one participant gained more understanding for the necessity of budget cuts in the Dutch context, after having gained a new perspective during the Malawi visit:

*What I did notice is that because you've been there, you look differently at how things are organised in the Netherlands. Especially with those budget cuts that are happening in care. You start to put things in perspective, like, alright, we should be happy that things are arranged the way they are over here. And of course we have to make sure that it remains the way it is here, but sometimes that requires budget cuts.*

(Retrospective interview NL participant 2, one year after the exchange)

Comparing the Malawian context with their own Dutch context and attitudes, in combination with the public discontentment about the developments in the care sector in the Netherlands, led Dutch participants to feel more positive in general, and to have a greater appreciation for one's own life and work situation in particular. The flipside of the increase in their own positive attitude, was that the Dutch participants expressed to have become less tolerant about other people around them complaining about their situation.

For three of the Dutch participants, experiencing a different context during the exchange process has not only resulted in a wider perspective, but also made them

more adaptable and open to new experiences. Feeling increasingly adaptable is an individual change in itself, but can also be expected to positively influence the ability to change in the future. The following quote shows how one participant became more adaptable through letting go of wanting and expecting control and stability after realising the relativity of existing situations:

*The largest change is that before this I really wanted to have control and security, or stability. While that is just an illusion, because anything can happen and everything is different from the way you thought it would be. So you have to be able to let go and focus on the things you like to do that are important to you.*

(Retrospective interview NL participant 2, one year after the exchange)

In sum, through their stay in a local hospital and through conducting field visits in rural areas where they had the opportunity to observe and interact with local clients receiving community-based care, the Dutch participants were able to experience Malawian conditions first hand. Observing and experiencing the lack of resources, particularly concerning care delivery, compared to what they were used to in the Netherlands, led to a process of comparison of contexts and attitudes, which often also included an emotional response. This process of comparison further induced individual reflection on one's own situation, sometimes including an acceptance of the relativity of one's situation. For most participants, the value of experiencing new things, people and ideas in itself was discovered to be both enjoyable and enriching. Experiencing the Malawian context in this manner led to a subjectively felt broadening of all participants' perspective. Comparing the Malawian context to the Dutch context, which paradoxically included much discontent about the state of and developments concerning the care sector, led to an increased appreciation for one's own life and work situation, and an increased adaptability for some.

## 7.2.2 Professional development

The retrospective interviews with Dutch participants showed that many of them developed their way of thinking about what constitutes good quality care during the Malawi-Netherlands exchange. This development helped them to get or regain a clearer aim and motivation in their work, which can be considered an important asset in a working environment where there are so many elements distracting care workers from the "essence of care", such as high work pressure, a negative public image, the experienced burden of conforming to outside regulations (e.g. high administrative burden) and job insecurity. At the same time, this idea influenced their attitude and way of acting in their daily work as well. For example, one participant mentioned how the importance of quality of life over quantity of life became clearer after the Malawi visit, and how this development in her thinking influenced her current professional perspective as well as acting. The following quote shows how another participant felt that the centrality of supporting and helping people as the essence of care, versus

offering clients all kinds of material possibilities, became clearer after visiting Malawi, and how this developed idea resulted in a more critical attitude towards stringent organisational routines:

*Over there you see that everything we have built here, you don't have that there. (...) All those things that also impressed the Malawians when they were here, "oh, beautiful buildings", that is of course only exterior. In the end, in Malawi, you just saw a patient, a volunteer and family, and the situation in which they were trying to find a way in order to cope as good as possible and achieve some improvement. And it was mostly this that made me think, yeah, that is actually what it's all about. (...) And let us focus mostly on the essence, and that is offering good care to the people we care for, but especially also quality attentiveness. (...) I still notice that when there are working groups or improvements, I ask myself and also people around me, ok, but in what way does this benefit the client? Because in the end, every action you take, whether it's regarding policy, plan or quality instrument, has to benefit the clients that you work for. And this is much clearer to me now. I question things more.*

(Retrospective interview NL participant 5, one year after the exchange)

Three participants described how their sense of responsibility for delivering the best quality of care had increased as a result of the exchange. As the following quote shows, some participants felt more responsible to deliver the best possible quality of care due to the fact that they realised the possibilities in the Netherlands were so much more diverse compared to Malawi:

*Because you've seen how poor the quality of care for people in Malawi is, you've become more conscious of how good the quality of care in the Netherlands is, and the importance of keeping up this level of quality. (...) I've become more conscious of my responsibility. Your responsibility for your function, but also the responsibility to clarify to your clients why you decide something or not, why you expect something from them or not. That responsibility has grown through the realisation of how people live there.*

(Retrospective interview NL participant 3, one year after the exchange)

In sum, in Malawi, the Dutch exchange participants witnessed how in a context with little resources, the human dimension of support and care forms the essence of care delivery. For the Dutch care professionals, who are used to a strongly professionalised care system where there are many other (sometimes required) elements of support besides the primary (human) care process and a strong focus on quantity of life, the exchange experience induced a process of individual reflection on one's role as a care professional. A number of participants thus (further) developed their idea of what constitutes good quality of care, and more clearly recognised their own part in

delivering this quality of care. The exchange therefore helped increase their definition of their own professional core values and increased their sense of responsibility as a care professional.

### 7.2.3 Dutch versus Malawian participants' individual-level development

During the retrospective interviews with Malawian participants on the last day of the official exchange program, it became clear that most of the examples of learning and development mentioned by the Malawian participants concerned possible adjustments to existing care delivery practices in the own context (described in the following section). Since these were learning points developed, discussed, drafted and presented by the Malawian team as a whole, they can be considered examples of group or collective learning, which is also more aimed towards changing existing organisational policy to improve the own organisation. Looking at the outcomes of the retrospective interviews with the Dutch exchange participants, it seems as if learning and development took place much more on an individual level, rather than on a group level aiming for organisational improvement. This corresponds with the impression I obtained from participant observation during the exchange process. During the retrospective interviews with the Malawian participants, they were also directly asked in what way the exchange had effected them personally and professionally. While some Malawian participants answered that they felt re-energised, other examples of individual learning or development were not mentioned. This may partly be due to a more collective cultural background compared to the Dutch participants, which makes it difficult to view and recount how they as individuals benefitted from the experience. It may also for a large part be explained by the difference in manner of data collection, with the Dutch exchange participants having had much more time and triggers to reflect and comment on their individual-level change.

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## 7.3 Collective change through comparing contexts

During the exchange, it became apparent from the onset of the first visit that comparisons were not only made internally within individuals, but were constantly openly made within and between exchange teams. The quotes below from my field notes and during the interviews with Malawian participants show how comparisons were constantly discussed within both teams.

*In spontaneous conversations amongst each other [within the Dutch team] a lot of comparisons are made to understand the [Malawian] care system. For example, levels of care professionals, hierarchy, responsibilities and authorisations.*

(Field notes, Malawi visit day 2)

*We're all the time interpreting everything in your setting.*

(Retrospective interview MAL participant 6, Netherlands visit day 10)

In this section I explain how this collective making of comparisons led to change.

### 7.3.1 Importance of family involvement

A prominent difference between the Netherlands and Malawi that was identified during both exchange visits, had to do with the way care tasks were divided between professionals and non-professionals. Dutch (health)care, and especially elderly care, was recognised by the Malawian team to be extensively professionalised, with volunteers and family playing more supportive roles. In Malawi, the physical care was typically done by the family, with volunteers performing supporting tasks. Professional care was not widely accessible, with care professionals only performing medical tasks (cure). Witnessing and experiencing the extent to which family was involved in Malawi gave Dutch participants a greater sense of the important role family could play in care and how this is, at least compared to Malawi, mostly lacking in the Netherlands. This issue was not only discussed within both teams, but also between teams, especially after the Malawian team had observed and experienced how different the role of family was in the Netherlands during their counter-visit. In fact, increasing family participation was one of the important points for advice given to the Dutch participants during the debriefing meeting in the Netherlands, which also included Management Team-members of SZMK:

*Family participation [in the Netherlands] requires enhancement. The family needs to play a role while the volunteer fills gaps.*

(Field notes: MAL participant 1, during debriefing meeting with both teams and MT members, Netherlands visit day 10)

The Malawian participants also vocalised the importance of family support in the course of the Netherlands visit, for example in the following quote during one of the client visits:

*MAL participant 3 tells niece of client: Thank you so much for taking care of [your aunt]. It's so nice.*

*MAL participant 6: You are doing it the Malawian way.*

(Field notes: During home based care client visit, Netherlands visit day 3)

Several Dutch participants mentioned how family involvement in Malawi served as a positive example for the Dutch situation. With one Dutch participant the example in Malawi prompted the idea to implement a small-scale project to enhance family participation at her own work location. In the following quote, this participant describes how the Malawi visit led to the initiative:

*That family becomes more involved in care. That's what I wanted to achieve. (...) Within the somatic nursing unit nothing was done to encourage this. And after I went to Malawi I knew for sure that I wanted to do this. That's when I started with that. That's when I involved two other colleagues. We organised an evening for relatives only. All the first contact persons were invited, and the client belonging to these people. And that was actually really positive. People were pretty enthusiastic about doing things with the clients in an accessible way, involving other clients. Not really giving care, but painting nails, combing hair, pouring coffee, walking through town to do something fun. (...) Those small things are happening more now. (...) That's why I want to encourage family participation, because the family knows more than we do. (...) Because I have seen there how family was involved.*

(Retrospective interview NL participant 1, one year after the exchange)

The relative lack of involvement of family and neighbours in the lives and care of the elderly in the Netherlands, and the relatively isolated life people lead, was one of the things that struck the Malawian exchange participants during their visit in the Netherlands. This also made them reflect on their own situation in Malawi and made them realise just how important family and community involvement is an asset to them, that needs continuing encouragement. The following quotes show how the visit made the Malawian exchange team realise how much of an asset their family carers and volunteers are and that they should be supported, for example through an annual retreat for family caregivers, or through discussing the realities of informal care delivery in schools:

*We have to think about how family here [in the Netherlands] is not involved enough anymore. So it means the way we are doing it is not a wrong way, but we can improve it. If we utilise the available resources in the community better. We've learned here that what we have in terms of community involvement is something we can be proud of.*

(Retrospective interview MAL participant 1, Netherlands visit day 10)

*What we can take home: Malawians can revitalise the annual retreat for caregivers. We should not just look at professionals, but also at volunteers and guardians. We can look at different levels of people providing care. Here in the Netherlands there is a deliberate effort in talking to school children about informal care. We can do the same in Malawi and have informal care talks about this in schools.*

(Fieldnotes: MAL participant 1, during debriefing meeting with both teams and MT members, Netherlands visit day 10)

Revitalising the respite arrangement (the annual retreat) for family caregivers through Blantyre CHC was also taken up in the official Action Plan, which was drawn up by the Malawian exchange team after the Malawi-Netherlands exchange and reported in the

report they wrote on the outcomes of the Malawi-Netherlands exchange (Catholic Health Commission, 2015).

### 7.3.2 Increased recognition of importance of community involvement

As mentioned in the previous section, one of the outcomes of comparing the Dutch and Malawian care context was the recognition of the important role volunteers can play in care. The Dutch team especially experienced this during fieldtrips in Malawi where they had the opportunity to meet volunteers and their clients in their homes. The Dutch participants learned about the most important health issues the Malawian clients dealt with, how family was being responsible for the main physical care needed, and the role volunteers played in supporting clients. They watched volunteers performing household chores, distributing medicine and other health supporting products such as soap and flour, giving information (mainly on the importance of consistently taking medication) and giving psychosocial support to clients. The Dutch team was clearly very impressed by the efforts of the volunteers in terms of their investment in time, money and energy, while working in difficult conditions: Most volunteers were obviously not affluent themselves, often had to take care of their own (young) children, sometimes client interaction was difficult, or clients were not appreciative. At the same time, the Dutch participants were impressed by the obvious joy and pride the volunteers felt in their work. What struck me during the visit was the fact that the Dutch participants kept asking volunteers about their motivation. This signalled that from a Dutch point of view their motivation to undertake this work was difficult to understand. The quotes below are examples in which the Dutch participants demonstrate their amazement by the volunteers' work effort:

*I really find the volunteers' dedication so incredibly beautiful and selfless. Yeah, really, that did touch me.*

(Retrospective interview NL participant 6, one year after the exchange)

*What I also noticed was that volunteers there do everything for free. As in, not for money. The fact that they do this for each other and that people there care for each other.*

(Retrospective interview NL participant 3, one year after the exchange)

Noticing both the heavy burden on volunteers in Malawi as well as their sense of pride in their work, also made the Dutch participants reflect on volunteerism in the Netherlands, and how volunteerism can be encouraged in the Dutch setting. In the Netherlands, the Malawian team quickly noticed the difference too. It struck them how much older Dutch volunteers are compared to Malawian volunteers, and how much fewer volunteers are involved in care compared to the Malawian care setting. During the Netherlands visit, the Malawian participants also gave advice about how to increase volunteer involvement at SZMK. In the following conversation at SZMK between exchange participants and

the home based care director and manager, Malawian participants are giving advice on how to increase volunteer involvement at SZMK:

*MAL participant 1: In Malawi we are thinking about incentive packages. Here volunteers also need to be incentivised. You need to sit down with the volunteers to ask what they would want. In Malawi they'd get something like a t-shirt, umbrella or shoes. There is a need to sit down with them.*

*(...)*

*NL participant 2: I think the volunteer potential is there but we don't use them enough.*

*(...)*

*HBC director: Some people see it in a negative way of losing professionalism.*

*MAL participant 1: There should be a clear demarcation of skilled and non-skilled work.*

*(...)*

*HBC director: We have to develop more into volunteers that do something by themselves instead of helping professional care.*

*HBC manager: Lots of volunteers are also afraid of doing that independently.*

*MAL participant 5: In Malawi we let them work as a group so they can also learn from each other.*

*(Field notes: During presentation on home-based care by NL participant 3, HBC director and manager, Netherlands visit day 3)*

During the debriefing meeting at SZMK with MT members, this point was further discussed. The following quote demonstrates how one of the outcomes of this meeting was the confirmation of the importance of volunteer involvement at SZMK:

*[The volunteers] are important, they are the cherries on our cake.*

*(Field notes: MT member SZMK, during meeting with managers, Netherlands visit day 8)*

### 7.3.3 Prioritising elderly as a target group in Malawi

After the counter-visit by the Malawian exchange participants in the Netherlands, the latter all expressed that they were impressed as well as inspired by the way elderly clients were approached by Dutch care professionals, including the Dutch exchange participants. This made the Malawian participants reflect on the way their elderly are approached in Malawi, and led to the decision to want to implement changes in their own organisation. The following quote illustrates how the Malawian participants



were impressed with the way Dutch elderly clients were treated, regardless of the age and function of the care professional, and how they see this as a possible point for improvement in their own context:

*MAL participant 5: [NL participant 1] took us around. We saw how she connects with the elderly and someone with dementia. (...) [NL participant 1] does it with love. [NL participant 1] went to a client and the client brightened up. It was really touching to see that. (...) You would not expect that from a young person. If we had more nurses like that in Malawi it would be a good thing.*

*MAL participant 4: For example, [NL participant 5] as a man his age to drop down on his knees to talk to the elderly. You see [NL participant 3] and [NL participant 6] doing the same.*

(Retrospective interview MAL participant 5 and MAL participant 4, Netherlands visit day 10)

The Malawian team got a chance to observe elderly being cared for in facilities by SZMK professionals, and learned about dementia through presentations, discussions and meeting elderly clients. Their interest in the subject became very clear, for example through the fact that they asked a lot of questions concerning the subject, also revealing their relative lack of knowledge about dementia. The following quote shows how this topic is also discovered by a Malawian participant to be relevant in his own context as well:

*Personally I learned a lot about dementia. I googled dementia in Africa. The condition is underdiagnosed in Africa. It is now about 2%. (...) There is a need for further research. There are a lot of missed cases.*

(Retrospective interview MAL participant 5, Netherlands visit day 10)

The Malawian team members realised how dementia is often misinterpreted in Malawian society as being the result of witchcraft. After their experiences in the Netherlands, they now wanted to create more awareness for conditions labelled as witchcraft, as the following quote shows:

*Elderly in Malawi sometimes don't receive care because we think they're under witchcraft. We need to work on this mentality. Then other things may be easier to do. [There needs to be] someone now on the radio to discourage thinking of witchcraft. [We need to] now criminalise those that call elderly people witches, to prevent elderly from being tortured. There is resistance, but that's the first step.*

(Retrospective interview MAL participant 3, Netherlands visit day 10)

Comparing situations made clear to the Malawian participants how their elderly could benefit from a more humane approach, as witnessed at SZMK:

*We don't do a lot socially for the elderly. We only treat the basic conditions.*

(Retrospective interview MAL participant 4, Netherlands visit day 10)

*[Seeing the care workers in the Netherlands] made me think of home. In Malawi there are cases where elderly are not well looked after. It's a good achievement in the Netherlands that the government is taking care of elderly so they can die a normal death with normal care. [They deserve] the little love we can give them. Those with dementia have been treated badly [in Malawi].*

(Retrospective interview MAL participant 4, Netherlands visit day 10)

The new ideas and intentions were discussed in the evenings within the Malawian group. During these sessions, the Malawian team thought of concrete ideas that could be implemented in their context in order to improve the situation of their elderly. For example, the Malawian team drew from the examples of group living (small-scale care) at SZMK and a care farm they visited during the Netherlands visit, as the following quotes show:

*That care farm we visited: we can use that concept. We need to bring awareness to our communities, we can bring to life such scenarios there are here. (...) We could ask our volunteers to do that. (...) We don't need a lot of resources for that. I think the few lessons we learned from the psychologist [we met here] and [NL participant 4] we can use.*

(Retrospective interview MAL participant 6, Netherlands visit day 10)

*It's a modest thing that we can copy easily.*

(Retrospective interview MAL participant 5, Netherlands visit day 10)

One Malawian participant mentioned that on the one hand she can learn from the way elderly clients are treated at SZMK group facilities, while also acknowledging examples encountered during the Netherlands visit where she felt the professional care left the clients too passive. The following quote shows how she prefers the group living (small-scale care) facilities, as care professionals on the larger wards were perceived to take over too much from the client, rendering them too passive. Interestingly, this notion of professionals having to take a step back to allow more autonomy for clients, relates to the desired development direction at that time by Dutch care managers in general:

*Professionally, the [SZMK] staff is very hands-on. We have seen professionals doing the actual work. However, they are doing it too much here. They are making the client passive. I've seen it. For example, when a client is in a room. We've seen*

*that nurses do everything instead of asking client to do something themselves. I appreciate how they do it in group dwellings.*

(Field notes: MAL participant 1, during debriefing meeting with both teams and MT members, Netherlands visit day 10)

When it comes to elderly care, the Dutch visit and the reflections the comparison between care approaches and practices evoked during the visit, clearly led to a change in ways of thinking on a group level, and the intention to change something on an organisational, and even societal level. The within-team discussions during evenings by the Malawian team eventually led to a concrete point of action being taken up in the Malawi Action Plan drawn up one month after the exchange, to “*highlight elderly care (...) under the CHBC programme*” (Catholic Health Commision, 2015).

#### 7.3.4 Increased focus on prevention and care of noncommunicable diseases in Malawi

On the basis of learning about measures of prevention of noncommunicable, or chronic, diseases<sup>26</sup> during the Netherlands visit, the Malawian team members were re-affirmed in their earlier recognition of the importance of prevention of noncommunicable diseases in their own context. For example, both in the Malawian and the Dutch context, the exchange teams met numerous clients who had suffered from strokes. They witnessed how such clients were supported in both contexts, and often discussed the issue both across and within teams:

*MAL participant 5: The issue of stroke is very common, especially in Malawi. Prevention is best, but we have bad health seeking behaviour. Just checking blood pressure we don't do. (...)*

*MAL participant 3: We have more and more of these cases due to hypertension and diabetes.*

*MAL participant 1: We have to think about (...) the prevention part.*

(Field notes: Netherlands visit day 1)

Seeing how much preventive measures, such as regularly checking blood pressure, were part of routine care in the Netherlands, confirmed the Malawian's team pre-existing notion that their organisation should focus more on prevention, as the following quote shows:

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26 “Noncommunicable diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors. The main types of NCDs are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes.” (WHO, 2018)

*From [SZMK] we've seen things that make us change. More preventive activities targeting diabetes, strokes and other noncommunicable diseases. Early diagnosis of these conditions [is important].*

(Retrospective interview MAL participant 1, NL visit day 10)

The Malawian team also included this point in their Malawi Action Plan: *"Highlight (...) prevention of Noncommunicable Diseases (NCD) under the CHBC programme"* (Catholic Health Commission, 2015, p.12).

### 7.3.5 Recognising the need to improve physiotherapeutic skills of volunteers in Malawi

A good example of cross-group communication that led to concrete improvement efforts had to do with the recognition of both Malawian and Dutch exchange team members that many Malawian community based care clients would greatly benefit with basic physiotherapeutic support. During the course of the exchange the idea emerged to involve physiotherapists in training Malawian volunteers working for the community and faith based organisations, in order to improve their capacity to support clients and their families with physical disabilities. The idea was first discussed between Malawian and Dutch team members during the client visits in Malawi when clients with physical disabilities, for example due to stroke or epilepsy, were encountered and possibilities for improvement of their situation were discussed between Malawian and Dutch team members:

<i>NL participant 2:</i>	<i>Can [this client] use aids such as a wheelchair?</i>
<i>CBO representative:</i>	<i>No (...)</i>
<i>MAL participant 6:</i>	<i>People like her are overlooked for wheelchairs.</i>
<i>NL participant 2:</i>	<i>In the Netherlands, half paralysed people like her can learn how to walk again.</i>
<i>MAL participant 4:</i>	<i>If we had a physiotherapist we could help more people.</i>
<i>MAL participant 5:</i>	<i>Although the volunteer had an advanced training, [knowledge of] basic physiotherapy exercises are necessary.</i>

(Field notes: Malawi visit, day 7)

During the Netherlands visit, one of the Dutch team members had arranged for a short presentation and training by a SZMK physiotherapist on how to support people who have suffered from a stroke. This example was proposed by the Dutch team member as she had encountered a number of clients in Malawi who had indeed become (partly) paralysed through a stroke, so she considered this an interesting case for the Malawian team. The Malawian team proved highly interested in the presentation and the training that followed the presentation:

*SZMK physiotherapist: I can imagine that you can teach volunteers basic exercises: task specific and context specific. It is important to see what patient can do by themselves. We tend to do too much sometimes as caretakers.” (...)*

*MAL participant 1: It’s important to teach volunteers and family members. We just broadened our scope of conditions we are dealing with, including strokes. But we have not trained our volunteers in this yet (...) Through your presentation we realise that (...) we need to find a way. That would be a very new approach and a good project.*

(Field notes: During workshop on physical therapy in stroke rehabilitation by in-house physical therapist, Netherlands visit day 1)

Involving physiotherapists in training volunteers was identified as one of the key learning points from the exchange by the Malawian team, and also included in the Malawian Action Plan (Catholic Health Commission, 2015).

### 7.3.6 Follow-up visit

After the Malawi-Netherlands exchange, the possibility of a continuation of an exchange between SZMK and Blantyre CHC was discussed within SZMK. The initiative for this came from the Dutch exchange participants. After numerous meetings and discussions amongst the Dutch exchange team, one of the Dutch exchange participants went ahead with a concrete plan to organise a small-scale exploratory visit to Malawi. On the basis of the interest the Malawian team members had shown in dementia during the Dutch visit, one purpose of a possible follow-up visit was to sensitise communities about vulnerable elderly. The other objective was to explore possibilities to organise physiotherapy trainings to volunteers. A number of SZMK physiotherapists were eventually involved in the planning and conceptualisation of this continuation, culminating in a continuation visit to Malawi in September 2017 (two years after the initial exchange). The eventual delegation from SZMK included one former participant of the Malawi-Netherlands exchange, and a SZMK physiotherapist. Although this follow-up visit was exploratory in nature, it can be assumed that Malawian volunteers involved in the activities benefited by gaining knowledge and skills on physiotherapy and dementia.

While this initiative was supported by SZMK’s higher management in the form of a modest financial allowance, it was made clear that MT would not be involved in terms of design and execution of the plan. Participants themselves were told that they were responsible for the efforts involved in organising and carrying out the initiative. While the team was grateful for the financial support, the lack of further involvement by higher management in the plan was felt by some to be disappointing, given the promising start made with the Malawi-Netherlands exchange.

## 7.4 Recognising similarities

In the previous sections of this chapter, the importance of the process of making comparisons between the known and the other context was discussed. In the examples discussed, the *differences* revealed by these comparisons served as the starting point for change. However, some of the comparisons between contexts made by participants also often concerned unexpected *similarities* between contexts.

For example, on the first day of the Malawi visit it became clear to the Dutch participants that the aims of the Malawian organisation were strikingly similar to the relatively newly proclaimed aims of care delivery in the Netherlands, where the ideal was for people to be cared for in their own personal setting which was assumed to create conditions for the best possible quality of life. In order for this to be possible, both contexts recognise the requirement of the mobilisation and pro-activity of the community, as well as a well-functioning professional care system which can offer support when community care alone is insufficient. The following quote show how the Dutch team notices the similarity in organisational aims:

- |                           |                                                                                                                                                                                        |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>MAL participant 1:</i> | <i>Community Home Based Care provides hope to patients because it offers care in their natural setting, allows them to maintain independence and achieve the best quality of life.</i> |
| <i>NL participant 5:</i>  | <i>[Those are the] same goals as in the Netherlands. (...)</i>                                                                                                                         |
| <i>NL participant 6:</i>  | <i>There is a similar movement here, but from a different angle. Very interesting.</i>                                                                                                 |

(Field notes: MAL visit day 2)

The line quoting Blantyre CHC's organisational aim was later on chosen as quote of the day in the Dutch team's blog addressing their Dutch colleagues, friends and family at home:

*Community Home Based Care provides hope to patients because it offers care in their natural setting, allows them to maintain independence and achieve the best quality of life." Does that sound familiar to you? State secretary [Ministry of Health, Welfare and Sport] van Rijn would be jealous."*

(Dutch exchange team's blog, Malawi visit day 3)

Other similarities that were noticed by the Dutch participants had to do with how the care systems functioned in both countries. They acknowledged that both countries have very complex systems, where mostly women are found in the care delivery professions (e.g. nurses) and men are more found in the higher levels of organisations (e.g. managers and coordinators). Both systems were recognised to have a lot of built-in checks and balances, and a national health inspection monitoring performance, to ensure quality

of care delivery. Both systems depended on a good estimation of care needs of clients. During the visit to the hospital and its training faculty the similarities in the amount of knowledge of care professionals was also acknowledged.

During the Netherlands visit, the Malawian participants also expressed to see some similarities, for instance about the competencies of caregivers, and the functioning of a community-based organisation. The following quote shows how Malawian participants see important similarities between the Dutch and Malawian care workers:

*I feel back at home. For someone who can ably work in this environment, [they are comparable to our] community healthcare worker or a psychiatric nurse.*  
(MAL participant 1, after group home visit, Netherlands visit day 6)

The Malawian team also conducted a field visit to a local community centre, which they found to be similar to a typical Malawian community-based organisation:

*President foundation: [Our organisation works with 50 volunteers, forms a community and aims to be the “house of the village”. (...) Participation of inhabitants is stimulated to ensure the survival of this community. (...) [Our organisation] has a high standard of services due to the community sense here. We have a communal space where a lot of activities are organised. (...)]*

*MAL participant 4: It’s a typical CBO.*  
(Field notes: Netherlands visit day 8)

Not only the exchange team members recognised similarities between care contexts. During meetings with SZMK’s members of higher management, fundamental similarities were also recognised and mentioned:

*We both strive for quality of life.*  
(Field notes: Sector director, during meeting with managers, Netherlands visit day 8)

*MAL participant 1: We have resources we can use [in Malawi]. The lesson [we have learned] is: community initiatives make community efforts sustainable. We have to keep exploring innovative options. (...) In the Netherlands you have to shift back towards the community.*

*Sector director: Actually we face the same issues. I think it’s a strong point you made about using the resources you have.*

(Field notes: During debriefing meeting with both teams and MT members, Netherlands visit day 10)

The overlap or similarities between exchange teams were a source of feeling connected to the foreign professionals, even though they were also clearly perceived to operate in a completely different context. Recognising similarities such as knowledge, goals and motivation, as well as recognising elements of the work that were similar, created a feeling of sharedness and can be viewed as forming a bridge or possibility for representatives of different ways of thinking to find each other, try to understand each other, and potentially learn from each other.

## 7.5 Conclusions

In this chapter I discussed how comparisons of contexts, made during the Malawi-Netherlands exchange, led to individual and collective change. The aim of this chapter was to answer all of the research questions, namely: RQ1) *What are individual and organisational changes resulting from international exchange?*; RQ 2) *What are the conditions that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?*; and RQ 3) *What does the process of individual and organisational change resulting from international exchange look like, and to what extent can Kim's OADI-SMM model help in understanding this process?*

Returning to research question 1, *what are individual and organisational changes resulting from international exchange*, in this chapter I discussed many examples of change on an individual as well as on a team, or collective, level. Some of the foreign contextual elements that were contrasted with participants' own context, eventually led participants to gain a new perspective in general and on participants' own personal situation. With some participants it also led to an increased adaptability and openness to new things. From a professional development perspective, the process of comparison led to a better-defined sense of participants' own professional core values, as well as an increased sense of responsibility, self-awareness and perseverance. Collectively, all participants had an increased sense of the importance of involving the community and clients' family in care. In the Malawian case this meant cherishing and supporting the existing situation. In the Dutch context, this led to the realisation that there is a great potential of community and family support that is still unused. This realisation cannot be seen outside the Dutch participants' own context, with its rapidly ageing population. The latter relates to research question 2d (*wider contextual factors facilitating change as a result of international exchange*).

Due to being closely introduced to the highly professionalised elderly care system during the Malawian participants' stay in the Netherlands, the Malawian team collectively decided to start prioritising elderly as a target group for care and focus more on



prevention and care of noncommunicable diseases in their own organisation. After the exchange, an initiative by one Dutch exchange participant led to a one-time follow-up project, in which two SZMK employees went to Malawi for a follow-up visit aimed to provide trainings to enhance knowledge and skills surrounding physiotherapy and dementia for community-based care workers and volunteers.

My second research question was divided into the following sub-questions: *what are the foreign contextual factors (RQ 2a), the exchange conditions (RQ 2b), the organisational conditions (RQ 2c) and the wider contextual conditions (RQ 2d) that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?* The *foreign contextual factors* (RQ 2a) that were found to prompt a process of change were: the confrontation with poverty and the lack of resources, as well as the positive example of community and family involvement in care in Malawi; and the highly professionalised elderly care system in the Netherlands. These strongly relate to the expected starting points for learning discussed in chapter 4 (section 4.3). Due to the nature of the *exchange conditions* of the Malawi-Netherlands exchange (RQ 2b), participants became *submerged* in the foreign care culture (e.g. staying in care facilities, visiting and interacting with clients and local care professionals). This allowed for the making of comparisons on many different levels.

When it comes to organisational (RQ 2C) and wider contextual conditions (RQ 2D) facilitating change, the example of the follow-up project organised by one of the Dutch exchange participants, shows the importance of the conditions in one's own context determining the possibilities for change to take effect. The more sceptical attitude at higher management level towards exchange activities at that time, compared to the favourable attitude that existed at the onset of this study, reflected the changed organisational and societal context at the time. Following the rapid societal changes in the Dutch care sector, described in chapter 4, by the end of the Malawi-Netherlands exchange, the organisational context prioritised an internal focus directed towards cost-cutting and downsizing, rather than an external focus directed towards development and learning.

These findings concerning the sub-questions above, contribute to answering the second, overarching, research question: *What are the conditions that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?* In this chapter I have described how the comparison of contexts prompted individual and collective change. Through a thorough submersion in the foreign care culture, participants were introduced to contrasting aspects of care, relating to the availability of resources, the involvement of family and community, and the degree of professionalism. Using Kingdon's (1984) multiple streams theory, the

exchange prompts development in the problem and policy streams, as participants identify certain problems and are inspired to think of possible solutions. However, whether these individual or team developments open up a policy window for change within the organisation greatly depends on the organisational and wider context, i.e. the existing streams within the organisation, including the political stream. The further the identified problems and solutions are removed from the perceived problems within the own organisation, the less likely it is that a policy window will open. Especially if the willingness and possibilities for organisational learning and development are lacking due to a different focus at higher management level (political stream).

My third research question was: *What does the process of individual and organisational changes resulting from international exchange look like, and to what extent can Kim's OADI-SMM model help in understanding this process?* The in-depth study of the Malawi-Netherlands presented a unique opportunity to closely examine the process of change. In accordance with the findings from the previous international experiences by SZMK, discussed in chapter 5, the most important starting point driving both individual and organisational change as a result of exchange was the constant making of comparisons between the foreign and own context. Comparisons were made on different levels, including care context, people, practices, attitudes and ideas. As is the case with an experiential learning cycle, such as the one included in Kim's (1993) OADI-SMM model for organisational change, the process of change indeed seemed to begin with an experience or observation. In the case of the Malawi-Netherlands exchange, such observations mostly involved the making of comparisons and recognising of differences. The process of comparison between contexts also involved recognising similarities. It is likely that the recognition of similarities increased the likelihood of participants being open to learning from the foreign experience: if there were no perceived similarities between contexts, participants might have considered the foreign elements and ideas too different to be instructive. At the same time, participants expressed how much they enjoyed experiencing things outside their own context, thereby (re-)discovering the value of experiencing new things, people and ideas in general. The latter may also make these participants more open to change in general.





Participating in hosting  
activities



In the previous chapter I showed how the situation of being submerged in a different -but professionally related- context, led to an individual and collective process of comparison, which prompted individual and collective change. In this chapter I will demonstrate how *participating in hosting activities* also led to individual and collective changes. Being part of the Malawi-Netherlands exchange meant that hosting teams had to prepare and organise the programme for their foreign visitors. As hosting participants, they also had an active role during the visit, as they were responsible for successfully introducing their foreign visitors to their own care context, and making them understand their system, functioning, convictions and problems. This meant that the hosting team had to think and act outside their comfort zone, learn new things about themselves and their organisation, developing both individually and collectively. This chapter aims to answer all of the research questions, namely: RQ1) *What are individual and organisational changes resulting from international exchange?*; RQ 2) *What are the conditions that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?*; and RQ 3) *What does the process of individual and organisational change resulting from international exchange look like, and to what extent can Kim's OADI-SMM model help in understanding this process?* To answer these research questions in this chapter I use data obtained through my field notes and participant observation during the Malawi-Netherlands exchange, and retrospective interviews with its participants.

In section 8.1 I discuss how hosting activities led to individual-level change. Section 8.2 focuses on collective change as a result of hosting an exchange visit. In the concluding section 8.3 I discuss how the aspect of hosting as a part of international exchange can be explained using my theoretical model.

### 8.1 Individual-level change through hosting activities

#### 8.1.1 Developing individual and professional skills through preparation and execution of hosting programme

Through participant observation during the exchange it became clear that letting the involved teams organise the exchange themselves was conducive to them feeling involved in the exchange process from the beginning, and, for the Dutch team, had the important function of allowing them to develop professional skills not often used during their regular work in a non-threatening, self-directed and self-motivated way. Most prominently, preparing presentations about participants' own profession forced participants to reflect on their own work and how this related to elderly care in one's own region and country.

During the preparation phase of the Netherlands visit, the Dutch participants had to go back to the essence of their work and “translate” the organisation of care in their setting in an understandable way, in order to be able to come up with a programme presenting different aspects of care in the Netherlands. It thereby became clear that the great benefit of pairing organisations operating in such completely different contexts is that one is forced to go back to the very basics of the own care system, in order to be able to explain to an outsider in a comprehensible way why a system is organised in a certain way, what functions well, and what the challenges are. When the financial underpinnings, government responsibilities and history of care systems are as different as they are between Malawi and the Netherlands, it forces participants to look at their own profession from a much broader perspective, not taking any element as a given, which would be the case when there would be an organisational pairing from more similar care settings. In a context where all elements of the work are so protocolled and subdivided into roles and accompanying authorisations, as it is in the Netherlands, this going back to the essence of care delivery created greater clarity of the primary purpose of care work.

The variety of functions and locations in the Dutch team allowed participants to distinguish their own unique contribution. For example, a participant working in a revalidation ward organised a day where the focus was on revalidation, while the two participants working in home-based care organised a day where the focus was on home-based care. Such a day included presentations on the theme of the day, tours around facilities related to that theme, and meetings with associated clients and professionals. Especially for the Dutch participants, giving a presentation in a different language was completely out of their comfort zone. Overcoming their initial reluctance in presenting and experiencing how their contribution was valued, gave the Dutch participants a noticeable boost in self-esteem.

The translation of the Dutch participants’ reflection on their own profession and functioning into a part of the exchange program, gave them the confidence that they had something worthwhile to offer the visitors. At the same time, they were being encouraged through the support and coaching within their own team. This combination of newly formed confidence that one’s reflections were worthwhile to communicate and the support of the group allowed participants to develop these new professional skills, thereby increasing their self-esteem, self-awareness and self-efficacy as well as their identification with their organisation. These types of individual employee developments are likely to have a positive influence on their functioning in the organisation, thereby benefiting the organisation and potentially setting positive examples for others. The benefits of reflection on one’s own work was also recognised by an MT-member of SZMK during the debriefing meeting at the end of the exchange:

*Learning is learning by doing and you learn most from what you have to tell about your own work. Also just to share and ask questions. Sharing is also the most fun. Often people share what doesn't work well in their work. If I ask people what the good things about their work are they never stop talking.*

(Field notes: MT-member SZMK, during debriefing meeting with both teams and MT members, Netherlands visit day 10)

Two of the Dutch participants (both nurses) were able to recognise and express their individual and professional growth as a result of the hosting experience, during the retrospective interview I conducted one year after the exchange. The experience of organising the hosting visit, and the part they played in this, meant that their feelings of self-esteem, self-efficacy and/or perseverance increased, as the following quotes show:

*That is something that I learned from the whole Malawi experience. My self-esteem has grown because of it. I always used to be like, well, I'm not suitable for this. I can't do this or something. And now more and more I find myself thinking, no, I can do it. (...) Slowly I am finding that, no, there are a lot of things that I can do. (...) And yeah, I just shouldn't doubt my own abilities so much. (...) Also particularly when the Malawians came here, I thought, wow, we do have a lot of nice things and we've been able to do a lot of nice things with them. Giving information, involving them with certain topics, and yeah, actually I was able to tell them a lot about what I do here and what is important in the Netherlands, and to find that connection. That makes me think, yeah, it brought me a lot too. Also in my personal development.*

(Retrospective interview NL participant 6, one year after the exchange)

*If I'm thinking, that's what I want, then I would be able to just do it. (...) I've really become more confident, because I never used to dare to do that. (...) Just thinking what things you want and then just persevering. After you've been given such an opportunity you start thinking about other things that you'd be able to do if you really wanted it.*

(Retrospective interview NL participant 4, one year after the exchange)

*Yes, [my perseverance] has grown. I can say that. (...) That makes me think, see, it's a good thing I've persisted. Come on. Let's just do this. (...) The steps I've made after Malawi, also when it comes to wanting certain things. Now I think, ok, if it's not possible now, perhaps it's possible later. Yeah, I did become stronger in this respect, and I do think that's important. So I think I've certainly grown in that respect.*

(Retrospective interview NL participant 4, one year after the exchange)

In chapter 9 I will further discuss how the dynamics between and within exchange teams played an important role in the Dutch participants' individual and professional development as a result of preparing and executing the hosting programme.

### 8.1.2 Increased involvement and knowledge of own organisation through participation in hosting programme

Participating in an exchange visit did not only prove to be a transformative experience for visiting participants at whom the programme was targeted. In many cases the hosting participants also felt that they directly learned from participating in the programme designed for their foreign visitors, by learning new things about their own organisation. After all, both organisations employ large number of (professional and/or voluntary) workers, reaching clients spread over a large geographical area. This leads to many of the organisation's employees being mostly familiar with their own working locations. Due to the fact that both exchange teams were diverse in terms of working location and function, the individuals exchange participants were able to introduce different parts of their organisation, both to their foreign visitors and their fellow exchange team members.

For example, by participating in the programme during the Netherlands visit, the Dutch participants learned about their own organisation, types of functions of the different organisational parts, and what the work of other colleagues entailed. On several occasions they expressed how much they enjoyed this. One participant was so enthusiastic about another participant's work location and type of work, that she even considered transferring there in the future. The following quote illustrates how much the Dutch participants enjoyed getting to know their own organisation:

*NL participant 2: For us it was also really nice to take a look at all the other locations, and the volunteer organisation of [SZMK], the municipality and the hospice. (...) We now have a certain image of it.*

*NL participant 5: As members of [SZMK] it was interesting to visit other locations and see the presentations. We know in general what the other care is about. For us it was very interesting.*

(Field notes: Debriefing session, Netherlands visit day 10)

Accompanying the Malawian visitors to care partners in community-based settings during the Netherlands visit also made some of the Dutch participants reflect on the drawbacks of the institutional setting they themselves worked in. For example, this remark was made during a visit to a local care farm, which was decorated very traditionally and where clients use china left by clients themselves giving it a homely atmosphere where clients feel at home, since it reminds them of home:



- NL participant 4: *In our facilities it's more clinical. A lot of modern buildings are perhaps not where the clients feel comfortable in.*
- MAL participant 1: *This is more welcoming. (...)*
- NL participant 5: *There are a lot of care farms in the Netherlands. Many people used to grow up in a rural setting and they don't feel comfortable in an institution. Here they feel more at home.*

(Field notes: During care farm visit, Netherlands visit day 9)

During the Netherlands visit, the Malawian participants got to meet clients in permanent and temporary facility-based as well as home-based settings. The Malawian participants showed a lot of respect and real interest in clients. For example, they always asked about clients' professional backgrounds and family. The following quote is an example of how the Malawian participants always involved the human aspect, rather than the medical aspect only, when meeting a client:

- MAL participant 6: *What makes you feel good?*
- Client: *Just being here, the surroundings, you see the woods. There is always something to do. (...)*
- MAL participant 3: *What was your occupation before?*
- Client: *Typist, secretary.*
- MAL participant 5: *[Rheumatism] is an occupational hazard.*

(Field notes: During home-based care client visit, Netherlands visit day 3)

Witnessing and being part of these interactions often unexpectedly surprised the Dutch participants in a positive way. Especially for the two participants working in community-based care, who introduced part of the Malawian team to some of their own clients in their clients' own homes, this was a positive experience, as the following quote shows:

*Yes, I really liked that. And I also thought that the clients were really open and liked it.*

(Retrospective interview NL participant 3, one year after the exchange)

Both participants working in community-based care felt that meeting the Malawian participants had a positive effect on the Dutch clients:

*Also that the clients kept talking about it for a long time. And how it's really a lasting memory to them, that they experienced it as something really nice.*

(Retrospective interview NL participant 2, one year after the exchange)

One participant even felt that she developed a closer bond with one of her clients as a result of the meeting with Malawian participants, as the following quote shows:

*One thing really made a lasting impression on me. We visited one client that has a lot of difficulties expressing herself, because of aphasia. [MAL participant 1] talked to her in a very positive and enthusiastic way and that really moved [the client]. (...) I had never seen that with her before. I always ask her how she is and then she always says she's doing fine. (...) Of course it's easier to leave it at that, and I think it's really difficult for her to express what she feels. (...) Because of this I've become more aware of the fact that I have to take more time to understand her. And also that I need to discuss things with her first. Because it also happens that something is decided for her while it's not really clear to her. So now I consciously take the time to sit with her to explain and try to communicate, even if that's really hard. I think I've become more aware of this. That's why we've also developed a special bond. Because I asked her for this and she liked it so much. (...) Yeah, when I enter her house, it's not that she talks about Malawi, but "oh, you're here", Yeah, that was a form of attention she really liked.*

(Retrospective interview NL participant 3, one year after the exchange)

In the Malawian team, there were also clear examples of hosting participants getting to know their own organisation and its functioning better as a result of hosting the Malawi visit. However, as these examples led to a *collective* process of reflection and taking action, rather than a development on an individual level, these will be discussed in section 8.2.1.

## 8.2 Collective change through hosting activities

### 8.2.1 Increased recognition of the importance of including care professionals in community-based care in Malawi

As the previous section also demonstrated, during the Malawi-Netherlands exchange it quickly became clear that the exchange had the unexpected side-effect of hosting participants getting to know their *own* organisation better through the process of hosting foreign visitors. While in the Dutch setting it led to more individual change, in the sense that individual participants felt that they had learned more about their own organisation, the Malawian team used the hosting experience as an evaluative experience that could lead to concrete points for improvement:

*It was a learning experience even for us as hosts. (...) We didn't have time before to visit clients in the community. It was like conducting a self-evaluation.*

(Field notes: MAL participant 1, debriefing session, Malawi visit day 12)

During the Malawi visit, it quickly became clear that accompanying the Dutch team with field visits to community and faith-based organisations and meeting volunteers and clients opened many of the Malawian participants' eyes to the challenges and areas for improvement in their own field. Without the exchange setting (RQ 2b), such client meetings would not have taken place:

*When you came we went to go into the community even if there was no allowance for it. Otherwise we wouldn't have done these type of things.*

(Retrospective interview MAL participant 1, Netherlands visit day 10)

Meeting clients and volunteers and hearing about their experiences during the exchange visit in Malawi, was especially eye-opening for those Malawian participants who were rarely in touch with volunteers and clients themselves. During the field visits they saw first-hand, that there were many missed opportunities for volunteers to offer even better support or identify health issues that needed to be addressed. While volunteers clearly had regular, and warm, contact with their clients, there were many instances where a lack of training was identified. This was addressed by participants from both teams, and discussed within and between teams during the field visits. Consequently, at the end of the Malawi visit, the main advice from the Dutch team to their Malawian hosts was to focus more on training and supporting Malawian volunteers and passing on knowledge, possibly through involving medical students. During the debriefing session at the end of the Malawi visit, the Malawian team recognised this:

*We identified gaps [during the visit]. For example the need for more training in order to identify specific needs of the clients.*

(Field notes: MAL participant 1, Malawi visit day 12)

During the debriefing session at the end of the Netherlands visit, the Dutch team's advice to involve medical students was taken to heart:

*How can we support volunteers that are now doing quite a good job, to be able to work more professionally? They need to be more connected to [professional] health workers. (...) It's a good idea to involve our students, so that they can support our volunteers to add value to what is already there.*

(Retrospective interview MAL participant 2, Netherlands visit day 10)

After the exchange, the Malawian team used their new insights to formulate concrete points for improvement in their Malawi Action Plan (Catholic Health Commission, 2015), namely through:

- Organising community level trainings;
- Linking community actions with support through the NGO/CBO grant facility;

- Identifying needs and actions for the home care clients through Village health committees, with the use of a community facilitator;
- Establishment of Community Health Fund (CHF) through means applicable to individual communities;
- Developing guidelines for CHBC status advocacy as a tool for stimulating local government's commitment in home care work;
- Sharing best practices on a community level through media, and organising local exchange visits.

### 8.2.2 Strengthening organisational ties and image

Within SZMK, working together in the context of the exchange with different colleagues on different locations in the organisation, meant that new or stronger intra-organisational connections were formed. Creating and strengthening intra-organisational ties was a natural by-product of organising such essentials related to the visit as housing (in one of SZMK's care facilities) and food (at restaurants in several different SZMK locations), as well as inviting SZMK colleagues such as a psychologist, physiotherapist, sector directors and managing director to meet, inform and discuss their work with the Malawian visitors. In a large organisation such as SZMK, with many different locations, functions and subsections, a lack of internal cohesion can be a challenge, especially when wanting to strengthen or develop an organisation's culture. Within SZMK's management team, the lack of internal cohesion was also acknowledged to be an undesirable situation. For example, SZMK's 2012 annual report stated that the amount of mutual communication and exchange within the organisation is small. Therefore, one of the 2012 aims was to steer more towards joint initiatives and exchange knowledge and experiences across departmental borders, to achieve more visible and better cooperation and coordination, leading to synergy. The Malawi-Netherlands exchange can be seen as such a joint initiative. Dutch participants, for example, recounted how they enjoyed interactions they had with colleagues in different functions than their own, such as colleagues working in SZMK's restaurants or colleagues managing facilities, while contact between such functions was usually very limited. In Malawi, doctors from the local hospital were also invited to the debriefing session where the teams discussed their experiences and what they had learned during the exchange visit.

Especially noteworthy was the new kind of interaction between management and care workers, that was prompted by the exchange. Confirming the results from the survey on organisational culture at SZMK (discussed in chapter 6), most participants in the Dutch team experienced their organisation as rather hierarchic and traditional. For example, the managing director was always referred to as "the director" and never called by his first name, even by fellow management team members. Several exchange participants mentioned how there was always a certain distance between care workers and management. Organising the visit at SZMK meant that the Dutch participants had

to communicate on a much more “equal” level with managers, to get certain things done, thereby breaking barriers between management and care workers. Managers were also invited to meet and join in group discussions during specific parts of the Dutch programme.

Witnessing the Dutch participants in this different role also created a new type of respect for the Dutch participants from those in management positions. Seeing the exchange participants accomplish things in the setting of the exchange, conveyed a type of praise that was out of the ordinary and potentially beneficial for their personal and professional self-esteem, as well as organisational identification, involvement and pride. The following quotes show examples of such praise:

*This group are the ambassadors of the organisation.*

(Field notes: SZMK Sector director, during debriefing meeting with both teams and MT members, Netherlands visit day 10)

*[The sector director] tells us in the board meetings about your experiences. I like to hear about your experiences. (...) We are proud of the Dutch team that they are working for SZMK.*

(Field notes: CEO SZMK, during debriefing meeting with both teams and MT members, Netherlands visit day 10)

In Malawi, a similar effect could be observed when the Dutch team was invited to meet the Archbishop of Blantyre, together with one of the Malawian participants. During this “courtesy call”, the latter was highly praised by the Archbishop for organising the exchange visit in Malawi. Given the strict hierarchy in Blantyre CHC, which falls under the administration of the Archdiocese of Blantyre, this compliment was greatly felt.

Besides stronger intra-organisational connections, involving people representing partner organisations in the exchange programme, meant that *inter-organisational connections* were also formed and strengthened. For example, the Dutch programme involved visits to such partner organisations as a local hospital and nearby care farm. As was the case for involving people from other parts of the own organisation, involving people from other organisations meant that new inter-organisational contacts were forged or existing contacts strengthened.

Finally, both within and outside the organisation, the Malawi-Netherlands exchange generated a lot of *positive attention*, which can be expected to have been beneficial to SZMK’s image. The possible positive effect of the attention for the exchange was also acknowledged by one of SZMK’s MT members:

*This is also good for our image.*

(Fieldnotes: SZMK MT member, during debriefing meeting with both teams and MT members, Netherlands visit day 10)

First of all, both teams were highly recognisable within the organisational parts they visited, in a positive way, by wearing the same outfit as care workers in the visited organisation: i.e. the Dutch team wore the same wrap skirts worn by all volunteers supported by the Archdiocese during their field visits, and the Malawian team wore SZMK body warmers during their field visits. Secondly, clients and colleagues of the Dutch participants were involved in the exchange through the preparation of gifts (mainly consisting of money, medical equipment and materials) for the Malawian hosts, with the purpose to support Malawian communities. Thirdly, on an organisational scale, all SZMK's personnel was informed and updated about the exchange through different means of communication, such as articles in SZMK's in-house magazine for all employees and clients, emails to all care employees on the upcoming exchange and information on the selection process, an information evening for all interested care employees on the upcoming exchange, a blog written by the Dutch team, and local newspaper articles reporting on the exchange.

### 8.3 Conclusions

In this chapter I discussed how participating in hosting activities during the Malawi-Netherlands exchange, led to individual and collective change. The aim of this chapter was to answer all of the research questions, namely: RQ1) *What are individual and organisational changes resulting from international exchange?*; RQ 2) *What are the conditions that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?*; and RQ 3) *What does the process of individual and organisational change resulting from international exchange look like, and to what extent can Kim's OADI-SMM model help in understanding this process?*

One of the main outcomes of the Malawi-Netherlands exchange, described in chapter 7, was that the confrontation with a new, foreign context can form a starting point for individual and collective change. This finding was also expected on the basis of literature on international exchange and the findings on previous international work visits conducted by SZMK. An unexpected effect, which to my knowledge has not been described in literature before, was more closely related to the reciprocal aspect of the exchange, i.e. the activities surrounding the *receiving* of foreign visitors, which involved developing and participating in the exchange programme in the own organisation.

My first research question was: *What are individual and organisational changes resulting from international exchange?* Individual changes that occurred as a result of organising and participating in the host programme for hosting participants included individual and professional growth, as well as an increased involvement and knowledge of one's own context. The Dutch participants especially gained valuable experience in organising and presenting, besides gaining a better understanding of and relationship with clients, gaining a better knowledge and involvement in their own organisation, and an increase in self-efficacy and perseverance. Collectively, through getting to know more about the reality of community-based care in the field, the Malawian participants gained an increased recognition of the importance of the supporting role of care professionals in community-based care in Malawi. Within SZMK, working together with different people on different locations in the organisation, as well as other care providers, in the context of the exchange, meant that new or stronger intra- and inter-organisational connections were formed. Finally, both within and outside the organisation, the Malawi-Netherlands exchange received positive attention, and was expected to be beneficial to SZMK's image.

The results of this chapter answer two of my sub-research questions: *what are the exchange conditions* (RQ 2b) and *what are the organisational conditions* (RQ 2c) *that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?* Firstly, the *exchange conditions* (RQ 2b) described in this chapter, that facilitated individual and organisational change, were related to the teams being responsible for organising the visit for foreign visitors in one's own organisation. This meant that a hosting team had to develop a programme explaining one's organisation within its national care context. The fact that hosting participants got to know their own organisation better and the stronger intra-organisation connections that formed as a result of the exchange, was especially important considering the fact that both organisations involved in the exchange were large, fragmented, hierarchical organisations. This relates to the *organisational conditions* (RQ 2c) facilitating change: the fact that the fragmentation within SZMK was seen by some to be a problem, can be considered to be part of the existing problem stream within SZMK. The desire to bridge the separate parts of the organisation more can be considered to be part of an already existing policy stream within SZMK. The fact that these streams were also found on SZMK's management level indicates that there is an opening for change in this respect, since the political stream is already close to the problem and policy stream.

My third research question was: *what does the process of individual and organisational change resulting from international exchange look like, and to what extent can Kim's OADI-SMM model help in understanding this process?* The starting point for the type of change described in this chapter were the hosting activities. This forced hosting

participants to reflect on their own organisation and their professional role within the organisation. It forced participants to think about their organisation from an outsider's perspective, in order to successfully explain why their own system and care organisation functioned in the way it did. Hosting participants also had the opportunity to have a different type of interaction with clients than the usual professional-client interaction. For some of the Malawian professionals with more coordinating functions, interacting with volunteers and clients, and observing care activities in the field, was not a part of their daily work. Meeting volunteers and clients, and learning about the issues they had to deal with in the field, was an eye-opening experience to them. They grabbed the opportunity to use the hosting experience as a means for self-evaluation, directly leading them to think of solutions to encountered problems as a team. On the other hand, organising the hosting visit led participants to take on roles, responsibilities, and do things that were different from their usual routines. Especially for the Dutch participants, this meant doing things, such as giving presentations about their work in English, which were very far from their comfort-zone.







**Important interactions**

In the literature on international exchange, discussed in chapter 2, only examples of individual change were described. The literature also mostly focused on change processes that relate more to theories of individual change, such as experiential learning theories. For this study, the retrospective interviews with participants of previous international work visits and observation and interviews with participants from the Malawi-Netherlands exchange, showed that there was another important element involved in the change process related to international exchange. In these cases, individuals did not participate in an international exchange by themselves, but were members of a team of colleagues, paired with a team of foreign professionals working in the same sector. Within- and between-group dynamics were observed to play a large role before, during and long after the exchange. When trying to understand how an international exchange, in which multiple individuals from the organisations involved participate, one has to take the group aspect into account. In this chapter I discuss the influence of the social aspect of the Malawi-Netherlands exchange, by focusing on the interactions within and between exchange teams, and how they influenced change. As such, this chapter aims to answer the second and third research question: RQ 2) *What are the conditions that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?*; and RQ 3) *What does the process of individual and organisational change resulting from international exchange look like, and to what extent can Kim's OADI-SMM model help in understanding this process?*

To answer these research questions in this chapter I use data obtained through my field notes and participant observation during the Malawi-Netherlands exchange, and retrospective interviews with its participants. In order to understand the interactions between participants properly, a deeper understanding of the ways of thinking and acting within both teams is required. In this chapter, I explicate these ways of thinking and acting with the use of the Individual and Organisational Values and Culture survey, which I also used to describe the Shared Mental Models within SZMK (chapter 6).

In section 9.1 I discuss both teams' personal and organisational values and (their assessment of their) organisational culture, and how these influenced the teams' incentive and motivation to change. In sections 9.2 and 9.3 I discuss how between-group and within-group interactions influenced change as a result of the Malawi-Netherlands exchange. In the concluding section 9.4 I discuss to what extent my theoretical model can help understand how interactions between participants of international organisational exchange play a role in change.

## 9.1 Exchange teams' values and culture

In this section I present and discuss the results of the survey on Personal and Organisational Values and Culture, for both exchange teams. First, the Dutch exchange team will be juxtaposed with their SZMK colleagues, in order to determine to what extent they resemble their colleagues, and in what respect they differ. Then, the individual and organisational values within the Dutch and the Malawian exchange team will be presented, followed by the way both teams views their current and desired organisational culture. Finally, the most important similarities and differences between the exchange teams will be discussed. Understanding such similarities and differences will help in understanding the way in which interactions within and between teams influence the process of change as a result of the Malawi-Netherlands exchange.

### 9.1.1 Comparing the Dutch exchange team and their SZMK colleagues

Comparing the results of the Barrett-inspired Personal Values Assessment between the SZMK exchange participants (n=6) and their SZMK colleagues (n=222), gives a first impression of the specific characteristics of the Dutch exchange participants. Like their SZMK colleagues, they often chose the personal values “involvement” (67% of the Dutch exchange participants and 64% of their SZMK colleagues), “enthusiasm/positive outlook” (67% and 40%), “reliability” (50% and 56%) and “caring” (50% and 53%). Values that were mentioned more than once by the participants, but not as frequently by their colleagues were “curiosity” (50% versus 8% of the total SZMK group), “integrity” (33% versus 8%), and “wellbeing” (33% versus 10%). The value “empathy” was specifically mentioned by one of the participants of the exchange to be missing and therefore later included as part of the Barrett-inspired instrument filled in by the other SZMK respondents: 30% subsequently chose this value.

When it comes to the way the current organisation was experienced according to the Barrett-inspired Organisational Values Assessment, both SZMK exchange participants and their colleagues often chose “client satisfaction” (67% and 38%) and “teamwork/cooperation” (83% and 16% respectively). Noticeable differences between the six Dutch exchange participants and their colleagues were that “bureaucracy”, “job insecurity”, “continuous improvement” and “involvement of employees” were chosen by a quarter to a third of the total SZMK group, but not (often) chosen by the exchange participants. Possibilities for “personal development of employees” and “enthusiasm/positive outlook” were often chosen by the exchange participants, but hardly chosen by their colleagues. These results suggest that the group of exchange participants are more oriented and eager to learn and develop themselves on a personal level, compared to their colleagues.

When it comes to desired organisational values, both SZMK exchange participants and their colleagues often chose “involvement of employees” (33% and 51%



respectively), “appreciation of employees” (33% and 38%), “openness” (33% and 34%) and “sustainability” (33% and 35%). Some of the often mentioned desired organisational values of the SZMK respondents that were not (often) chosen by the six exchange participants were “involvement”, “reliability”, “employee health” and “home-work balance” (26% to 32%). Exchange participants more often chose “long term perspective” (33% versus 12% respectively), “enthusiasm/positive outlook” (33% versus 19%), “social involvement” (33% versus 12%), “innovation” (33% versus 11%) and “continuous improvement” (33% versus 13%). These results indicate that also on an organisational level, the exchange participants were more oriented towards innovation and development than their colleagues.

Looking at the OCAI results of the Dutch exchange participants, the facility-based exchange participants considered their current organisation to be particularly hierarchic (55% versus 29% for the community-based exchange participants), while the community-based exchange participants experienced their organisation as particularly clan oriented (51% on average versus 17% for the facility-based exchange participants). This difference between facility-based and community-based employees could also be seen in the total group of SZMK employees, but the difference was less pronounced. When looking at the desired organisational culture, what stands out is that especially the nurse assistants among the exchange participants desire a strong clan oriented culture (55% on average versus 24% of the nurse participants). All Dutch exchange participants desired a move towards a more adhocracy type of culture (45%) and a much less hierarchic (11%) culture compared to their SZMK colleagues (29% and 21% respectively), with one participant actually preferring an almost completely adhocratic culture (80%). Similar patterns are found when looking at the six separate cultural features. Exchange participants particularly consider the current organisational culture to be very hierarchic when it comes to the strategic emphases (62% according to the participants versus 32% according to their SZMK colleagues).

In sum, it can be concluded that the Dutch exchange participants resemble their SZMK colleagues when it comes to personal values related to carrying out their work, often choosing such qualities as involved, reliable, caring, enthusiastic and positive to describe themselves. However, the Dutch exchange participants’ greater prominence of the personal value “curiosity” may well be indicative of a more outward and innovation-oriented attitude compared to their average colleague, which is likely also reflected in their interest in participating in the exchange. Furthermore, the Dutch exchange participants chose innovation, continuous improvement, long-term perspective and social involvement more often as desired organisational values, while their colleagues were more likely to choose reliability, employee health and home-work balance. These differences also suggest a more innovation-oriented, as well as a more socially involved outlook among the exchange participants compared to their colleagues. This more external orientation is also reflected in the outcomes of the OCAI, with all six Dutch

exchange participants desiring a move towards a more adhocracy type of culture and a much less hierarchic culture compared to their SZMK colleagues.

The Dutch exchange participants, like their SZMK colleagues, felt that teamwork, cooperation and client satisfaction were prominent values within the current organisation that should remain prominent in the organisation. Both Dutch exchange participants and their SZMK colleagues also often chose employee involvement and appreciation as desired organisational values. However, bureaucracy and job insecurity were more often chosen by the SZMK care professionals, but not often chosen by the SZMK exchange participants. Furthermore, possibilities for personal development of employees and enthusiasm and positive outlook were more often chosen current organisational values by the exchange participants, but hardly chosen by their SZMK colleagues. These findings may be an indication of a slightly more positive opinion about the organisation and its possibilities for personal development among the exchange participants than among their colleagues.

### 9.1.2 Comparing individual and organisational values between exchange teams

The personal values most often chosen by the Malawian exchange participants to describe themselves best were compared to those chosen by the Dutch exchange participants. The personal values “responsibility”, “honesty” and “integrity” are often chosen by both the Malawian and the Dutch exchange participants (33%-50% per group). Interestingly, the personal values “competency”, “efficiency”, “leadership”, “courage”, “financial stability”, “resolving conflicts”, “risk-taking”, “experience”, “ambition” and “creativity” were often chosen by the Malawian exchange participants (33%-50%), but not at all chosen by the Dutch exchange participants. The Dutch exchange participants, on the other hand, very often chose “involved” and “enthusiasm/positive outlook” (both 67%), while none of the Malawian exchange participants did. The Dutch exchange participants also often chose “curiosity”, “humour/fun” and “wellbeing” (50%, 33% and 33% respectively), while none of the Malawian exchange participants chose these values to describe themselves.

When it comes to values that represented their current organisation best, the Malawian and the Dutch exchange participants both often chose the values “teamwork”, “client satisfaction”, “quality” and “vision” (33%-83% per group). However, the very often chosen current organisational values by the Malawian exchange participants “organisational growth” (67%) and “professional growth” (50%) were not at all chosen by the SZMK exchange participants. The values “accountability” and “result-oriented”, although each chosen once by the Dutch exchange participants, are much more often chosen by the Malawians to represent their current organisation (67% and 50%). Furthermore, the Malawian team also considers the value “innovation” (33%) to be rather prominent in their current organisation, while this is not chosen by the

Dutch exchange participants at all. Interestingly, “welcoming diversity”, which is often chosen by the Malawian team (33%) is never chosen by the Dutch team. Lastly, “cross-departmental and team cooperation” is often chosen by the Malawian team (33%), but never by the Dutch exchange participants. In turn, the Dutch exchange participants were more likely to choose “employee development” and “enthusiasm/positive outlook” (both 50% versus 17% of the Malawians), “personal growth”, “long-term perspective”, “financial stability” and “involved” (each 33% versus 0%), compared to the Malawian exchange participants.

Both Malawian and Dutch exchange teams often chose “financial stability” to be a desired organisational value (both 50%). They also both often chose “client satisfaction”, “sustainability”, “innovation”, “continuous improvement” and “valuing employees” (all chosen 33% by both Malawian and Dutch exchange teams). As was the case with the current organisational values, the values “accountability” and “result-oriented”, were often chosen by the Malawian team (67% and 50%), but not chosen by the Dutch exchange participants. Other desired organisational values that were often chosen by the Malawian team but not chosen by the Dutch team were “adaptability” (50%), “cost reduction” (50%), “productivity” (33%), “equality” (33%), “close cooperation with clients” (33%) and “efficiency” (33%). Furthermore, “organisational growth” and “sharing information” as a desired value is more often chosen by the Malawian exchange team (33%) than the Dutch (17%). The Dutch exchange participants were more likely to choose “quality” and “employee development” (both 67% versus 17%), as well as “openness” and “social responsibility” (both 33% versus 0%).

The results of the survey showed that the Malawian and Dutch exchange participants can be considered alike in many important respects. They both often chose such individual values as responsibility, honesty, integrity, professional growth and continually learning to describe themselves. These values suggest that the Malawian and Dutch exchange participants share a common attitude, combining integrity and an eagerness to learn. The way they experienced their organisational context also showed some important parallels. They both considered client satisfaction to be a very important current value in their organisation that should be maintained. Furthermore, both organisations were felt to share and cherish such values as teamwork, quality and vision. This suggests that in both cases, the primary goal of the organisation is to best serve the clients’ needs, through a combined effort towards providing the best possible quality of care. Furthermore, both Malawian and Dutch exchange participants desired their organisation to be financially stable and sustainable, and to value their employees.

Reflecting their individual inclination towards wanting to learn, both groups of exchange participants aspired their organisation to continually strive for innovation and improvement. In this respect the Dutch exchange participants actually seem to resemble the Malawian exchange participants more than their SZMK colleagues. After all, the

survey results showed that the Dutch exchange participants were more curious and innovation-oriented than their SZMK colleagues. Their more external and innovation oriented outlook arguably makes them better suited for international exchanges in general, and more likely to connect with the Malawian exchange participants due to sharing this character trait.

The Malawian exchange participants more often chose such values as competency, experience, efficiency, leadership, courage, resolving conflicts and risk-taking, as well as ambition and creativity to describe themselves than the Dutch exchange participants. The Dutch exchange participants, on the other hand, described themselves more as involved, enthusiastic, positive, humorous, fun and curious, as well as valuing their wellbeing. These differences suggest the necessity of different competencies for the Malawian exchange participants to function in their specific organisational context compared to the Dutch exchange participants. The individual values chosen by the Malawian exchange participants seem more related to taking action within a professional setting, while those chosen by the Dutch exchange participants seem more generally related to emotions and feeling. Again, such individual values chosen by the Dutch exchange participants closely resemble those chosen by their health service providing colleagues at SZMK. The more professional, action-oriented, individual values chosen by the Malawian exchange participants are also likely related to the different type of job that they occupy, compared to the Dutch exchange participants. Their role is much more coordinating and managing, while those of the Dutch exchange participants is mostly providing care. Still, when comparing these values to those chosen by the SZMK managers, the conclusion that the Malawian exchange participants are more action-oriented and less emotion-oriented than employees at SZMK holds. On both sides, these differences in individual characteristics could form potential starting points for reflection and learning to take place as a result of the Malawi-Netherlands exchange.

It is also interesting to see that financial stability was important on a personal level for some Malawian exchange participants, while none of the Dutch exchange participants chose this value. This likely reflects the completely different economic realities of the two national settings. A possible difference in economic realities between the two organisations is also suggested when looking at the way the Dutch exchange participants describe their current organisation: namely as one where financial stability, long-term perspective, employee development, personal growth and a positive outlook are already a reality.

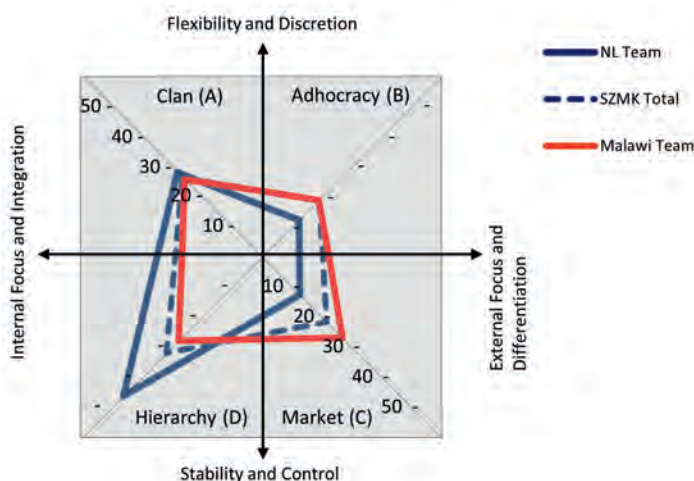
A final noticeable difference between the groups of exchange participants was that the Malawian exchange participants more often chose welcoming diversity as a current organisational value. This could indicate that the Malawian exchange participants are more internationally oriented, due to the fact that they have come into contact with



foreign donors and visitors in the past, while the Dutch exchange participants work in a comparatively uniform cultural setting, where, as the survey also showed, welcoming diversity is very low on the current as well as the future agenda for the average SZMK employee. Again, this organisational characteristic may serve as an example for the Dutch exchange participants, instigating reflection and change.

### 9.1.3 Organisational culture according to the exchange participants

Using the OCAI tool, participants from both exchange teams were asked to rate their current, as well as indicate their desired organisational culture. Figure 9.1 shows the results of the Current Overall Organisational Culture assessment for the Dutch exchange team (NL Team), their SZMK colleagues (SZMK Total) and the Malawian exchange team.

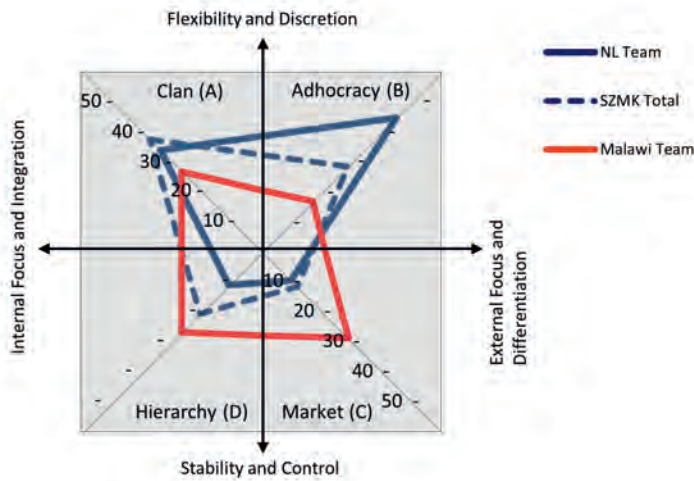


**Figure 9.1.** Exchange Participants' Current Overall Organisation Culture

As can be seen in figure 9.1, the current organisational culture is experienced by the Malawian exchange participants as combining all four organisational culture types fairly evenly, while the Dutch exchange participants view their organisation to be mostly hierarchical.<sup>27</sup>

Figure 9.2 shows the results of the Desired Overall Organisational Culture assessment for the Dutch exchange team, their SZMK colleagues and the Malawian exchange team.

<sup>27</sup> Results per individual show that there is little variation within the Malawian team, while there is a large discrepancy within the Dutch team: the Dutch facility-based participants consider their organisation to be mostly hierarchical and the Dutch community-based participants consider it to be mostly clan oriented.

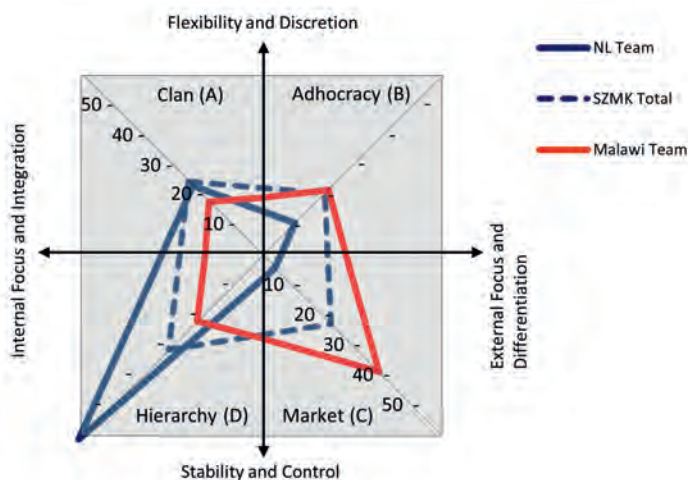


**Figure 9.2.** Exchange Participants' Desired Overall Organisational Culture

Figure 9.2 shows that, overall, there is not a clear preference for the desired culture to go in a different direction within the Malawian team. The Dutch exchange participants, however, generally have a preference for moving away from a mostly hierarchical organisation (42% current versus 11% desired) towards a strongly adhocracy oriented culture (45% desired versus 8% current).

When analysing the rating of the separate organisational culture elements of the Malawian team, some interesting differences can be seen, whereas the Dutch participants show the same pattern on all six elements of organisational culture. For example, when it comes to the “dominant characteristics of the organisation” the Malawian participants currently experience a strong market oriented culture (34%), while they prefer an even more market oriented culture (42%).

Figure 9.3 shows the results of the different teams for the current organisational culture element “current strategic emphases”.



**Figure 9.3.** Exchange Participants' Current Strategic Emphases

The “current strategic emphases” is the organisational culture element where the Malawian exchange participants show the strongest market orientation. Figure 9.3 shows that the Malawian team is currently clearly market oriented (39%) in this respect, while the Dutch participants experience very hierarchic strategic emphases (62%).

Large differences between the team's averages were also found in the desired strategic emphases, which for the Malawians remain mostly market oriented (38%), but which are mostly clan oriented for the Dutch participants (46%). The current “criteria of success” are also mostly market and hierarchy oriented according to the Malawian team (32% and 29% respectively), while they would like to see those to be a bit more clan oriented (30% desired versus 18% current). The Dutch participants opt for a very strong focus on clan when it comes to their desired criteria of success (52% desired versus 29% current).

As is the case with the Dutch participants, the Malawian participants seem content with their fairly hierarchic organisational leadership (39% current and 35% desired). Both the Malawian and Dutch participants desire a strong clan-type management of employees (40% of the Dutch and 36% of the Malawian participants), with some degree of hierarchy (24% and 28% respectively). However, the Dutch participants again desire more adhocracy (32% of the Dutch team versus 17% of the Malawian team) and much less market orientation (4% versus 20% respectively).

The OCAI results showed that, like their SZMK colleagues, the Dutch exchange participants wanted their organisation to become much less of a market culture. In contrast, in some areas such as the dominant characteristics of the organisation and the

strategic emphases, the Malawian participants actually preferred their organisational culture to be strongly market oriented. They were shown to both experience and desire a results-oriented organisation, where people are competitive and goal-oriented, and the long-term focus is on competitive actions and achievements of measurable goals and targets. The Malawian exchange participants also often chose such desired organisational values as accountability, productivity, efficiency, cost reduction and result-orientation, while these were hardly chosen by the Dutch exchange participants. These characteristics are very reminiscent of the Performance Based Financing project in which they participated (see chapter 4). Although these market-oriented features of the Malawian organisational context were not desired by the Dutch exchange participants or their SZMK colleagues providing care, the results of the survey among the total group of SZMK employees suggest that managers actually did prefer some level of market orientation, most importantly when it comes to meriting competitiveness and performance in employees. Some market orientation would fit in the Dutch context, which was shown in chapter 4 to have developed more and more towards a liberal welfare system, where care organisations have to deal with market forces.

While the Malawian exchange participants seemed fairly content with their overall organisational culture, the Dutch exchange participants, like their SZMK colleagues, generally had a preference for moving away from a mostly hierarchical organisation towards a much more adhocracy (or innovation or development) oriented culture. The Malawian exchange participants, on the other hand, already experienced more emphasis on innovation in their organisation, as well as more prominence for organisational and professional growth, compared to the Dutch exchange participants. The fact that innovation orientation was already a characteristic of Blantyre CHC, may mean that there was a more favourable context at Blantyre CHC for the Malawian exchange participants to actually effect organisational change as a result of the international exchange they participated in.

## 9.2 Between-group interactions influencing change

In this section I describe those interactions between the Malawian and Dutch teams that played a role in change as a result of the Malawi-Netherlands exchange. These were obtained through participant observation during the Malawi-Netherlands exchange, and retrospective interviews with participants.

### 9.2.1 Positive cross-team dynamics

When analysing the field notes from the Malawi-Netherlands exchange, an important theme that emerged had to do with the way in which interactions between Dutch and Malawian team members took place. Different elements of this cross-team dynamic were identified, including mutual effort undertaken for the other team, gift exchange,

interest shown and humour used in conversations, sharing a “medical language”, and jointly coming up with solutions to specific client problems encountered during field visits. These elements can all be considered to be positive bonding experiences greatly facilitating the exchange experience: setting participants up for learning, by making them feel respected and at ease.

Firstly, the exchange experience started off on a very positive note, with the Dutch team being warmly welcomed by the Malawian team members. The Dutch exchange participants were impressed with the professional way their visit was organised, and the efforts made to accommodate them. The programme organised by the Malawian team was also flexible enough to adjust according to the Dutch team’s wishes and goals, which was communicated at the start of the visit:

*I hope that your objectives will be achieved. You can guide us towards that. We want you to achieve your goals.*

(Field notes: MAL participant 1, Malawi exchange day 2)

The efforts that were clearly made by the Malawian team to accommodate the Dutch team for a large part motivated the Dutch team to organise a similarly well-thought out counter-visit at SZMK.

Secondly, respect for and willingness to bond with the other team was also reflected and reinforced through gift exchange between the teams. In preparation for the Malawi visit, the Dutch team had collected money, medical equipment and materials among their friends, family and co-workers, to gift their Malawian hosts, with the purpose to support Malawian communities. In Malawi, the Dutch visitors each received a wrap skirt, which volunteers working for Blantyre CHC wear when they perform house-visits. The Dutch team wore this skirt every day, during their visit in Phalombe, which ensured that they were recognisable as guests of the organisation, but also made them more approachable for those working for Blantyre CHC. To reciprocate the gift and thought behind the wrap skirts gifted in Malawi, the Malawian team received SZMK bodywarmers at the beginning of their Netherlands visit. During the debriefing session at SZMK, the Malawian team presented SZMK with an intricate wood carving, representing the work done by volunteers in Malawi.

Thirdly, the positive cross-team dynamic between the Malawian and Dutch participants was reflected in the way participants from both teams communicated with each other. Bonding was achieved through showing interest in each other, firstly in each other’s profession and work context, and later on also in each other’s personal lives, but also through using humour. Communication was sometimes hampered due to the language barrier, with the Dutch participants not being as fluent in English as the Malawian participants. However, sharing a medical background noticeably reduced the language

barrier, as I first noticed during the field visits with volunteers to client homes in Malawi:

*In general, when looking at medication of clients, especially [NL participant 4] seems to be very knowledgeable and recognises all these medications and therefore gets an immediate better understanding of her health problems. This is a kind of medical “language” that makes it easy for her to communicate with [MAL participant 3]. (...) Their health profession (...) forms a bridge, erases difficulties in communication due to language and cultural background.*

(Field notes, Malawi visit day 4)

The same could be observed during the counter-visit in the Netherlands, with the knowledge of medical terms leading the Malawian team to catch on quickly about certain conditions of the clients they met. This was very noticeable, as in these instances I had to ask the participants to explain the medical terms for me in order to understand what was being discussed.

Lastly, jointly discussing problems encountered by individual clients, who were visited by participants from both teams during the field visits, and coming up with solutions also led to greater respect and understanding across teams. Especially during the client visits in Malawi, participants from both teams discussed individual cases and jointly tried to think of solutions to the problems they had detected together. Again, sharing a medical background, greatly eased this process.

### 9.2.2 Positive environment for receiving visitors

During both the Malawi and the Dutch visits, the visiting exchange participants felt that not only the hosting participants, but the hosting environment in which they were introduced in general was very welcoming. As was the case with a positive cross-team dynamic, it can be argued that *feeling welcome* in a foreign environment is important for visiting exchange participants in order for them to feel comfortable enough to be open to new experiences and ideas.

In Malawi, Dutch participants often remarked upon how welcome they felt and how warm people they encountered were:

*People [in Malawi] are very warm.*

(Field notes: NL participant 4, Malawi visit day 3)

Although the Malawian participants had already bonded with the Dutch participants during their Malawi visit, they were a little apprehensive about meeting Dutch clients during their counter-visit in the Netherlands. During the retrospective interviews, several Malawian participants admitted that they were even expecting to experience

some form of discrimination from clients, due to the fact that their appearance is so different from the Dutch. In fact, they were greatly surprised by the warm welcome they experienced from the clients they met, with interaction between them feeling very warm and heartfelt, as the examples below demonstrate:

*One client sitting next to [MAL participant 4] immediately starts telling her about her children. She ties [MAL participant 4]'s shawl tighter around her neck because she worries she is cold.*

(Field notes: During day care visit, Netherlands visit day 6)

*We thought people would see us as strangers and would be afraid but everyone is very friendly. Everybody we meet, also the residents, are very friendly. (...) Our concern was: How are they going to receive us? Maybe we wouldn't be treated as human beings. But the reception like [MAL participant 5] said we felt very welcome. That took away all of our unknown fears.*

(Field notes: MAL participant 3, during meeting with SZMK managers, Netherlands visit day 8)

### 9.2.3 Other team's participants as role models

The retrospective interviews conducted among Dutch participants, one year after the exchange, showed that some Dutch participants had changed as a result of seeing certain Malawian participants as role models.

One Dutch participant mentioned how the exchange had increased her *self-awareness*, including the perception of her own strengths and weaknesses. For instance, she described how recognising such qualities as knowledgeability and eloquence in Malawian participants, made her realise her own -self-perceived- challenges in that area:

*But also getting a new perspective on yourself and the way you function. You're also confronted with yourself. (...) In that respect you've also become a little wiser. (...) Also your weaker points. (...) Well, I found [MAL participant 6] (...): such a broad view, he knew about so many things. He also did a lot of good things. (...) I actually thought that all of them were very good at picking out things from our presentations and asking good questions about them. (...) They were also just really good at articulating things.*

(Retrospective interview NL participant 6, one year after the exchange)

Another participant mentioned how her *perseverance* had increased as a result of seeing people in Malawi as role models, as the following quote shows:

*[My] perseverance has changed after the exchange in the sense that, yeah, they are worse off than we are, but they're still just really positive. I find that very admirable in terms of perseverance. That image remains when I think of perseverance. (...) I think it has become more important after the exchange. It makes me think of the people we've met there.*

(Retrospective interview NL participant 2, one year after the exchange)

### 9.3 Within-group interactions influencing change

In this section I describe interactions *within* the Malawian and Dutch exchange teams that played a role in change as a result of the Malawi-Netherlands exchange. These are based on observations and retrospective interviews with participants of the Malawi-Netherlands exchange.

#### 9.3.1 Effects of within-team variation

As already demonstrated in some of the examples of individual and collective change described in the previous chapters, the *variety* of the participants' backgrounds was experienced as positive and beneficial for the development process, as the following quote illustrates:

*I like that, the fact that you are all different types with different ways of looking at things. And that it is precisely that which makes it nice to hear from each other and to see.*

(Retrospective interview NL participant 5, one year after the exchange)

Indeed, the aim during the selection of participants was to have a varied team in terms of location, function, gender and age. This aim was set both to encourage change, and to meet the wishes of the SZMK project group (see section 3.3.1). Its main effects on learning are briefly described below.

#### **Variety of location**

Having a team with participants working in a variety of locations of one organisation had the important benefit of participants learning much more about their own organisation than would be possible if all participants came from the same location (see chapter 8). There is thus great organisational development potential towards connecting organisational parts more closely, which may be especially desirable in large and geographically scattered organisations such as the two involved in this exchange. A drawback, however, is that if the hosting participants have to travel a lot during the visit it makes it more difficult for everyone to participate in the entire program: both in Malawi as in the Netherlands this was the case.



### **Variety of functions**

For the purpose of individual or group development the benefit of having a mixed group was that understanding for each other's profession increased. Within the Dutch team, there were times that the difference in functions seemed to create a cause of insecurity among caregivers, which made them less present in discussions. The benefits for the Malawian team became apparent during the Netherlands visit as they actively and consciously used their professional differences to better come up with solutions to certain challenges in their work field at home. This will be further discussed in the following section (9.3.2). While within-team learning was clearly going on as a result of this mix of functions in the Malawian team, there were also instances where the presence of a participant of a higher function negatively influenced the way the other participants conducted themselves during the Malawi field visits.

### **Variety of gender**

A combination of gender in both teams had the benefit of giving the other team more insight in the way men and women in general and male and female care professionals in particular experience their life and work in the other setting. For example, the way a Dutch male participant communicated with clients showed the Malawian team that all professionals providing care for the elderly in the Netherlands, regardless of whether they are female or male, do so in a very respectful manner:

*I think everyone here (...) has a role to play in the care. For example, [NL participant 5] as a man his age to drop down on his knees to talk to the elderly. You see [NL participants 3 and 6] doing the same.*

(Retrospective interview MAL participant 4, Netherlands exchange visit day 10)

### **Variety of age**

There was more variety of age in the Dutch team compared to the Malawian team. Although the difference in experience sometimes led to insecurities in the younger participants concerning input in the discussions, the effect of variety on the atmosphere seemed positive. Also, the possibly larger positive impact of the exchange on the younger participants was remarked upon by older participants:

*Having her in the group is a boost for her.*

(Retrospective interview MAL participant 5, Netherlands visit day 10)

The idea that an international exchange is especially beneficial for younger participants relates to the earlier discussed finding indicating that younger care professionals within SZMK adhered more importance to the values professional and personal growth than their older colleagues (see section 6.4.4).

### 9.3.2 Malawian team making conscious use of team composition and joint exchange experience

During both the Malawian and the Netherlands visit, the Malawian team was very conscious about using the exchange experience to aid in their organisational development. That expectations for organisational development potential were high became apparent from the beginning of the exchange, as the following quote shows:

*The visit will be beneficial as lessons learned from such exposure will help the decision makers in searching for solutions where challenges will be transformed into opportunities, by mobilising collective power to address the impact of the community's vulnerable individuals requiring home care. I look at the exchange as an opportunity to mobilize and pool knowledge and resources for increased interventions in areas of concern for the home care work.*

(Field notes: MAL participant 1, Malawi visit day 2)

The link between the exchange and future organisational development was made very explicit by the Malawian team. The following excerpt from the Malawian team's report on the exchange, which they wrote in the weeks following the exchange, shows that exchange participants were expected to act as initiators of change in their own organisations:

*The two groups from the participating countries have the following features which have helped them succeed:*

1. *Ownership of the problem*
2. *Finding own solutions*
3. *Very high spirit of commitment and volunteerism*
4. *Acting as change agents, initiators, innovators and not passively waiting for spontaneous change*

(Catholic Health Commission, 2015, p. 10)

The Malawian team members consciously used the opportunity to spend time with each other during the evening hours, by trying to come up with solutions to problems they faced in Malawi. Impressions and ideas were discussed among the Malawian participants, always in relation to applicability to their own reality. The variety of locations and positions represented in the Malawian team was used as an advantage as it brought together different viewpoints and possibilities, working towards a common goal. The Malawian team thus consciously used the time they were together outside the official exchange program to their organisation's benefit:

*The evenings were also an opportunity for us to talk about our own best practices. We also worked on some things for home.*

(Retrospective interview MAL participant 1, Netherlands visit day 10)

The result of the Malawian team's discussions was very professionally summarised and presented in a presentation during the debriefing session at the end of the Netherlands visit, soon followed by a complete report, containing an Action Plan (Catholic Health Commission, 2015). This highly pro-active approach to the exchange experience has led to very clear focal points, which could then easily be discussed and used in future policy making. Whether this productive approach can be attributed to these particular individuals, their profession, their organisational ethos influenced by its Performance Based Financing experience, or perhaps the Malawian mind-set, cannot be determined on the basis of this research. It is however, clear, that this approach seemed to yield better identifiable development in terms of collective change, than the Dutch team's approach.

### 9.3.3 Dutch team's supportive, egalitarian dynamic creating a safe environment for individual development

Both the fieldnotes made during the exchange, and the retrospective interviews of Dutch participants showed that through professional affiliation, humour and emotional support the Dutch participants quickly created and experienced a common ground through which the exchange was experienced, as is illustrated by the following quote:

*We've also just laughed a lot. There was a lot of humour. And also really nice conversations you just have with each other. After all, you're together almost day and night for two weeks, and you share a lot of pretty personal things, and I think that also makes it really special. (...) Of course it always starts a bit safe about work, and at a certain point it gets more and more personal.*

(Retrospective interview NL participant 5, one year after the exchange)

The positive and notably supportive atmosphere created a safe environment for individual team members to experience and grow throughout the exchange process, which also contained such challenging aspects as feeling intense emotions after exposure to certain new realities and doing things outside one's comfort zone. As mentioned previously, the variety of the group was also experienced as an added value to the exchange experience, as different personalities with different backgrounds could learn from each other's unique points of view:

*Yeah, to be honest I thought that we actually got on really well together (...) It didn't feel strange. Before we went we had already met each other of course, that makes a difference of course. But it wasn't as if I went on this trip with strangers. Of course everyone was different, everyone also thought differently about things. You also learned a lot from that, the way everyone looked at things.*

(Retrospective interview NL participant 1, one year after the exchange)

Despite differences in function and experience, the Dutch group's atmosphere was one of egalitarianism, where everyone's opinion was considered equally important. The following excerpt from my fieldnotes also shows how the Dutch team noticeably bonds with each other during the Malawi visit. It also reveals how the Dutch team was much more aimed towards supporting each other throughout the emotionally impactful process, compared to the Malawian team, which was clearly directed towards turning experiences and impressions into concrete learning points:

*The [Dutch] group is getting closer each day. They get to know each other and talk about their work a lot. (...) It's nice to see how the team gets so close and emotionally supportive of each other. (...) In the evenings they shared what they had seen and which impressions they had with each other.*

(Field notes, Malawi visit day 4)

During the Malawi visit there were no set times for reflection and discussion for the Dutch team in the programme: discussions happened naturally during dinners and were much less goal-oriented than was the case for the Malawian team.

Some team members also mentioned how the bond created through the mutual experience was experienced as very positive even after the exchange. This effect was also mentioned in the retrospective interviews of the SZMK employees involved in work visits to Denmark and the United States (see chapter 5).

*And then when you return the experience still fills your head. And only then you start thinking about how it all went. I was glad that there were others who went, because I found it difficult afterwards to share my experiences with the people around me. You can share, but (...) talking about it (...) is simply really different from actually having been there. (...) People who hadn't gone there were really interested. But if you've been there you don't have to explain so much. (...) Then you only need half a word to understand each other, because you were both there.*

(Retrospective interview NL participant 2, one year after the exchange)

The most noticeable development within the Dutch team happened during the preparations and the execution of the return visit which they organised. The within-team bonding that had occurred during the Malawi visit led to a feeling of safety, unity and shared responsibility when organising the counter-visit. The support and friendship felt in the group also facilitated professional skill development related to the organisation of an exchange program. In the examples of professional skill development during the preparation of the host visit (discussed in chapter 8.1.1), it was clear that group processes played an important role. Firstly, the Dutch team members helped each other during the process of preparing presentations in the Netherlands through providing social support as well as practical support, for example by first practicing the

presentations within the group. This was clearly a step forward as presenting was an element which was out of most of the participants' comfort zones: during the Malawi visit, four out of six participants expressed that they were too anxious about presenting to be involved in the presentation of their experiences in Malawi. However, during the counter-visit in the Netherlands, all participants were now confident enough to prepare and give a presentation about their own location and work. Besides a conducive within-group process, the positive cross-group relationship that had formed between the two teams and the positive experiences with how well the Malawians had planned the Malawi-visit created a strong motivation to offer the Malawian team a well-balanced and interesting program during the counter-visit.

The successful organisation of the counter-visit in the Netherlands, which included very challenging situations such as a last-minute delay in the Malawian team's arrival, led to much appreciation from the Malawian team and the SZMK management team, and a sense of pride among the Dutch team members:

*I think we did that really well, putting together that programme. (...) Everyone did what they could and had to do. (...) Preparing and discussing together about who was going to do what and how exactly, that went really well. Yeah, because we also arranged that really quickly, when they came later, that wasn't very problematic. So as far as that was concerned, we were a real group then.*

(Retrospective interview NL participant 3, one year after the exchange)

The positive effect of egalitarianism among the Dutch team, however, proved problematic when the group decided to continue a joint project to support the Malawian community based care structure. This problematic part of the group process is discussed in the following section (9.3.4).

#### 9.3.4 Challenges in teamwork

After the exchange finished, the Dutch team had taken up the joint idea to continue the cooperation between them and the Malawian team and come up with ways to support their efforts, eventually benefitting Malawian clients. Through a difficult group process, however, this idea proved challenging to realise within the Dutch team's composition.

After the exchange, the Dutch team arranged several meetings to discuss their continuation of the project. Team members found it difficult to express and come to concrete ideas and decisions, which led to a feeling of unease and frustrations. Since everyone had the strong intention to continue the exchange in some way and achieve a positive impact on vulnerable people in Malawian, the fact that this proved too difficult at a certain point created an emotional burden. Eventually the team came to the decision to drop the idea to continue with a follow-up project. This was due to a

combination of the team failing to come up with a concrete plan, and the fact that SZMK was going through some important internal changes: a re-organisation of the entire organisation meant that two management layers were cut out, resulting in lay-offs, relocations and large changes in responsibilities. One of the Dutch exchange participants decided to continue with the plan for a follow-up projects by introducing her own plan. Using other SZMK colleagues' input, she eventually organised a preparatory trip to Malawi with a SZMK physiotherapist, in order to explore the possibilities of giving trainings to volunteers aimed at supporting physically disabled clients and mentally confused elderly.

What happened within the Dutch team was described by many of its members during the retrospective interviews as creating a sense of “failing”, which led to negative emotions towards each other as well as themselves, as the following quotes illustrate:

*Of course we tried to organise a follow-up after the Malawi experience with our group, which actually simply didn't work out. (...) You can see then that if you have such a large group with so much diversity that we didn't succeed in making use of everyone's expertise.*

(Retrospective interview NL participant 6, one year after the exchange)

*And that is a pity. That a group just falls apart then.*

(Retrospective interview NL participant 4, one year after the exchange)

The retrospective interviews, which were conducted one year after the exchange, revealed that the Dutch participants had developed their own ideas about what went wrong in the group process. The main conclusion being that there was a lack of direction, since no one took up the lead. The retrospective interviews suggest that in retrospect, all Dutch participants individually came to this same conclusion:

*Clarity does benefit everyone. Within an organization, but also within our group, so to say. It's proven difficult.*

(Retrospective interview NL participant 6, one year after the exchange)

*Everyone wanted to do something, but it didn't become clear what exactly. And actually there was no one taking the lead. (...) I should have been more clear about that. But yeah, I am simply not a frontrunner. That's not my nature.*

(Retrospective interview NL participant 3, one year after the exchange)

*We're all strong personalities and that is difficult within a group. No one ever stood up as a leader.*

(Retrospective interview NL participant 4, one year after the exchange)

When discussing the difficulties of the group process after the exchange visits, two participants (both nurses) mentioned how they felt they had developed personally from the experience, by now realising the importance of leadership and decisiveness, and how they could now more easily take on this role as opposed to before the exchange experience:

*Within the whole group process I've become aware of the fact that I can't take useless talking. (...) Something has to happen. And I can't really take it if no one makes a decision. I wasn't that conscious of this before, but I have become conscious of this now. (...) I did learn something from the group process, but I have learned more about myself I think. What I can and cannot deal with. (...) If now I have to do something in a group I am more aware of the fact that I can't deal with just muddling along, and I am more likely to say that something has to be done, or that we should take a next step. So I did learn that from this experience.*

(Retrospective interview NL participant 3, one year after the exchange)

To the question whether lessons learned from the negative experience with the Dutch exchange team can be applied to her current work context, NL participant 4 answers:

*Yeah, I think, taking charge. And that this is not always necessary, but perhaps it is necessary to determine a direction and then to slowly let go, so that perhaps the next person can take charge. But that you keep on moving in a certain direction and not get stuck. And I've probably also been to blame in this respect within the exchange team. So I'm partly responsible for that.*

(Retrospective interview NL participant 4, one year after the exchange)

The above quote reveals how this participant learned from what she considers to be partly her own mistake, and how this experience now motivates her to act differently in similar situations.

## 9.4 Conclusions

In this chapter I discussed the influence of the interactive aspect of the Malawi-Netherlands exchange, by analysing the interactions within and between exchange teams, and their influence on change. This chapter aimed to answer research questions 2 (*What are the conditions that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?*) and 3 (*What does the process of individual and organisational change resulting from international exchange look like, and to what extent can Kim's OADI-SMM model help in understanding this process?*).

My second research question was subdivided into the following questions: *What are the foreign contextual factors (RQ 2a), the exchange conditions (RQ 2b), the organisational conditions (RQ 2c) and the wider contextual conditions (RQ 2d) that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?* During both the Malawi and the Dutch parts of the exchange programme, visitors felt that the foreign environment in which they were introduced was generally positive and friendly towards them. This welcoming *foreign contextual factor* (RQ 2a) can be expected to be important for visiting exchange participants in order for them to feel comfortable enough to be open to new experiences and ideas. The latter being a prerequisite for learning to take place. Interestingly, all Malawian participants were surprised to find just how much they were welcomed, not only by their professional peers, but also by the Dutch clients. Using Kingdon's (1984) multiple streams theory, a welcoming foreign context can be considered to set the stage for development to occur in the problem and policy stream.

In this chapter, I discussed characteristics and interactions within and between teams, that played a role in different types of changes that occurred as a result of the Malawi-Netherlands exchange (discussed in chapter 7 and 8). These can be considered to be related to the specific *exchange conditions* influencing change (RQ 2b) as well as the *process of individual and organisational change* (RQ 3). Firstly, the *variety* of the participants' backgrounds was experienced as positive and beneficial for the individual and collective development process, both within and between teams. Secondly, the specific exchange conditions were such that the main motivation to actively contribute to and engage in the exchange programme came from the participants themselves: the change process that resulted from this was therefore characterised by the participants' own, *internal motivation*. Especially the Dutch participants were motivated to put a lot of effort in the counter-visit at SZMK, after having experienced the respectful and reciprocal cross-team dynamic during the Malawi visit. This positive dynamic was influenced, reinforced and developed through mutual effort undertaken, gift exchange, interest shown, humour used, sharing a "medical language", and jointly coming up with solutions to specific client problems encountered during field visits. These elements can all be considered to be positive bonding experiences greatly facilitating the learning process: setting participants up for learning, by making them feel respected and at ease.

Thirdly, recognised similarities between teams can also be considered to encourage bonding and mutual respect, facilitating learning. The teams recognised each other's professional commitment and expertise and were found to share important personal and organisational values related to their profession. Participants from both teams were found to have a common personal attitude, combining integrity and an eagerness to learn. They all greatly valued client satisfaction, teamwork, quality and vision in



their organisation, and considered the primary goal of their organisation to serve its clients' needs through a combined effort towards providing the best possible quality of care. Reflecting their individual inclination towards wanting to learn, both groups of exchange participants aspired their organisation to continually strive for innovation and improvement. However, unlike the Dutch participants, the Malawian exchange participants already experienced an important degree of emphasis on innovation in their organisation, as well as more prominence for organisational and professional growth, compared to the Dutch exchange participants. This could indicate a more favourable context at Blantyre CHC for the Malawian exchange participants to actually effect organisational change in general, which relates to research question 2c: *What are the organisational conditions that facilitate individual and organisational changes resulting from international exchange?*

There were other marked differences between the two teams. The individual and organisational values and culture survey results showed that the Malawian exchange participants were much more market- and goal-oriented than their Dutch peers. They chose personal values to describe themselves more related to taking action, such as competency, experience, efficiency, leadership, courage, resolving conflicts and risk-taking, as well as ambition and creativity, while the Dutch exchange participants chose values more generally related to emotions and feeling, such as being involved, enthusiastic, positive, humorous, fun and curious, as well as valuing their wellbeing. In this respect, the Dutch exchange participants also greatly resemble their SZMK colleagues. The differences between exchange teams suggest the necessity of different competencies for the Malawian exchange participants to function in their specific profession and organisational context compared to the Dutch exchange participants. By taking certain Malawian participants as role models, some Dutch participants reported an increase in their self-awareness and perseverance.

From participant observation during the Malawi-Netherlands exchange, it became apparent that the Dutch team was more egalitarian, while the Malawian team had a clearer hierarchical structure. It became clear during the exchange that the Malawian team was very successful in formulating new policies and coming up with concrete suggestions for adjustments for improvement within their own organisation. The more goal-oriented dynamic within the Malawi team greatly stimulated group reflection and agenda setting. During both the Malawian and the Netherlands visit, the Malawian team was very conscious about using the exchange experience to aid in their organisational development. This happened as a team and under clear leadership, and results hereof were already tangible during the exchange.

The positive, egalitarian and supportive atmosphere within the Dutch team created a safe environment for individual team members to experience and grow throughout the exchange process. They were able to take up the responsibility of organising a

programme jointly, and gradually gained more confidence in their new role. The within-team dynamic served as a facilitator to this, as it provided the Dutch participants with a “safe” and supportive environment to try out new skills. They were able to gain valuable experience in new professional skills such as organising and presenting, because they felt supported by their team and because they felt close enough to their Malawian peers to make the extra effort. However, the more egalitarian Dutch team had great difficulties with turning their ideas for taking initiatives into concrete action. Due to a lack of direction and leadership within the team, plans to organise a follow-up project did not succeed in the same team composition. For some Dutch participants, the difficulties of the group process eventually did influence their personal development, since it taught them about effective teamwork and leadership, and made them take on this role more easily in the future. Given the national and organisational care context of SZMK, where there is an increasing emphasis on autonomy of care professionals and self-directing teams (see chapter 4), this individual development can be considered highly valuable.





## Conclusion and discussion



Due to the growing needs of ageing populations, healthcare systems all over the world face the challenge of being able to adapt their ways of organising and delivering care, in order to be able to ensure humane care for all. This requires an environment that allows for innovative solutions and continuous individual and organisational learning. At the onset of this study, Stichting Zorgcobotatie Marga Klompé (SZMK) formed just one example of a care organisation looking for ways to manage organisational change. Like many care organisations in the Netherlands, the desired direction of change was to move away from a centrally organised, highly professional and institutional organisation, being governed through strict hierarchies and protocols, towards a “flatter”, more person-centred organisation working together with clients’ family and community to ensure the highest quality of life for their clients. At the same time, such community based care organisations in Malawi as the Catholic Health Commission of the Archdiocese Blantyre (Blantyre CHC), who have had years of experience in making extensive use of informal and community care, were looking for ways to professionalise the way they organised care. With this backdrop, I conducted a multiple-case study on the possibilities of international exchange to influence organisational change.

Through using different research methods, I aimed to capture both an *insider’s* (emic) as well as an *outsider’s* (etic) perspective of the organisations and changes involved. The insider’s perspective was predominantly obtained through interviews with former and current exchange participants themselves. Through a questionnaire designed to measure organisational values and culture, and through making observations before, during and after an exchange, I formed more of an outsider’s view on the organisations and changes resulting from international exchange. The organisations involved supported the main academic goal of the study, thereby allowing me to freely draw whatever conclusion following from the empirical data collected, and the analyses conducted.

The main research question of this study was: *How and why does international exchange between two care organisations lead to individual and organisational change?* In this study, I divided this main question into three research questions: what are the *individual and organisational changes* resulting from international exchange (RQ 1), what are the *conditions* that facilitate these changes (RQ 2), and what does the *process of change* look like (RQ 3). In this concluding chapter I summarise the main findings per research question. I discuss how Kingdon’s (1984) multiple streams model can help explain how the exchange creates conditions that bring the problem, policy and political streams closer together, thereby enabling change. I also discuss the process of change, using the concepts from Kim’s (1993) OADI-SMM model.

Sections 10.1 through 10.3 will discuss research questions 1 through 3 respectively. Section 10.4 will answer the main research question using a conceptual model incorporating the main conclusions from this study. Lastly, in section 10.5 I will briefly

reflect on the study in terms of its relevance, as well as give suggestions for further research. Practical recommendations for SZMK will be made in a separate report.

## 10.1 Individual and organisational changes

My first research question focused on the *outcomes* of exchange:

*RQ1: What are the individual and organisational changes resulting from international exchange?*

Although these outcomes are the end result of a change process, they actually form the starting point for this study. After all, in order to explain the conditions and processes leading up to change, it is necessary to *first* determine whether and in what respect change actually occurs as a result of international exchange.

### 10.1.1 Individual changes

Most of the existing literature on international exchange reports examples of personal and professional development as a result of the exchange experience. Examples of *personal development* found in literature, include increases in people's self-awareness, creativity, (self-)confidence, flexibility, open-mindedness, initiative and resilience. In this study I have found similar examples of personal development as a result of international exchange, namely increases in self-awareness, self-efficacy, perseverance, a broader perspective and an increased openness to new experiences, people and ideas. Furthermore, some participants experienced an increase in creative, or out-of-the-box thinking. These particular examples of individual development can easily be regarded as not only benefitting the individuals involved, but also the individuals' employers. This point was also made in some of the studies on international exchange (Hutchings & Smart, 2007; Thomas, 2001). Such developments do not only have the potential to make happier and better functioning employees, but they can also be seen as important developments leading to continuing personal learning and development.

Previous studies on international exchange have also reported examples of *professional development*. These included a re-energising of passion, motivation and a fresh appreciation of one's job and further professional development, and a broadening of professionally relevant knowledge, skills and experience, but also opportunities to rethink one's own professional philosophy and methods, and a development in determining desired practice in one's own professional context. This study has found very similar examples of professional development in individuals involved in international exchange at SZMK, namely a boost in energy and motivation for work, a development in such professional skills as organising, presenting, teamwork and leadership, an increased sense of professional responsibility, and a better ability to

determine one's professional core values and formulate one's professional opinion and position. It also gave participants a better understanding of and involvement in their own organisation, including its clients.

In the literature, a lot of emphasis was also put on the development of cultural competencies. While cultural competencies have likely also increased in the participants of this study, this was not discussed and recognised as such. Perhaps this relates to the fact that in the particular organisational context of SZMK, cultural diversity is relatively low, and the need for cultural competencies not as prominent as it is in many other professional contexts, including contexts where professional care is delivered. The Malawian participants also did not mention the development of cultural competencies as a particular example of individual development, although the Malawian team already considered welcoming diversity as an important current feature of their organisation.

The developments that happened on an individual level can all be considered examples of how an individual becomes stronger, more skilful, more confident and more independent, also in relation to their profession. They therefore grew as professionals within an organisation. This strengthens the capacity of the organisation as well as increases the chance of these individuals exerting influence on ways of thinking and acting within the organisation: i.e. organisational *routines* and *frameworks* making up *Shared Mental Models* (Kim, 1993). Views on or suggestions to improve one's own organisation, which may be influenced by the experiences of the exchange, can be communicated more clearly and convincingly. Former participants may also inspire others' attitudes through their own improved attitudes towards their work. All in all, these individual developments can make participants more likely to become initiators of change, or *policy entrepreneurs*, in their own organisational contexts. Indeed, the importance of the function of the exchange participant as change agent within one's own organisation was recognised and emphasised by the Malawian team, in their report on the outcomes of the Malawi-Netherlands exchange.

### 10.1.2 Collective and organisational changes

The literature study showed that most of the international exchange literature described the experiences of single individuals. For the first time, this study particularly incorporates and analyses international exchanges involving *teams* from different organisations. In this case, organisations involved in care delivery. The Malawi-Netherlands exchange showed that certain themes, which were already acknowledged to be important in the participants' own organisational context, gained even more recognition and prominence. For both teams this included an increased recognition of the importance of family involvement and community involvement: with participants recognising its great untapped potential in the Netherlands, and the Malawian team gaining a new-found respect and appreciation for this important element, which is already prominent in their own context. While the latter examples are more related

to changes in ways of thinking (*frameworks*), the Malawian team were also highly effective in translating ideas into concrete points for action directed towards policy change (*routines*). These concrete points included the future prioritisation of elderly people in Malawi, the prevention and care of noncommunicable diseases, enhancing physiotherapeutic skills of volunteers in Malawi, and a better involvement of care professionals supporting the Community Home Based Care volunteers.

One of the main findings of the literature study, was that hardly any studies on organisational-level effects of international exchange could be found. A few studies on international exchange experiences of social workers did show that there were positive effects on exchange participants' institutions, and that participants were able to transfer some of the things they had learned to others in their own professional context. However, it was also found that returning participants of international social work exchanges often found it difficult to creatively turn their international experiences into actual change in their own work environment, as the environment was not necessarily open to innovation.

This study clearly shows that international exchange can be seen and used as a tool to develop policy. Especially the study of international work visits undertaken by teams of SZMK managers in the past shows that international exchange can also result in considerable organisational changes. The organisation-wide implementation of new practices and ideas, most notably the small-scale care approach witnessed during the work visits in Denmark, and other smaller scale initiatives show that lasting change in terms of both organisational functioning (*routines*) and ways of thinking (*frameworks*) was accomplished as a direct result of international exchange.

### 10.1.3 Levels of change and the multiple streams framework

When looking at the outcomes of international exchange in this study, what stands out is the fact that there are large differences between the *levels* on which the changes take place. When it comes to the Malawi-Netherlands exchange, most of the changes within SZMK happened on an *individual level*. Participants were observed to develop on a personal and professional level, and realised and acknowledged this for themselves as well. They had no difficulty specifying and elaborating on this during the retrospective interviews. The Malawian team, however, clearly developed much more collectively as a *team*, coming up with concrete suggestions for policy adjustment. The previous international work visits, particularly those to Denmark, undertaken by managers from SZMK, led to changes on a higher *organisational level*.

The first noticeable difference between the three cases -i.e. 1. the previous international SZMK work visits to Denmark and the U.S., 2. the Malawi-Netherlands exchange from the perspective of SZMK, and 3. The Malawi-Netherlands exchange from the perspective of Blantyre CHC, concerns the *composition* of the exchange teams. The Dutch exchange



team involved in the Malawi-Netherlands exchange consisted of nurses and nurse assistants. These are hands-on professionals who are not used to thinking and operating on a policy-making level. They also lack a strong connection with managers, especially since SZMK was found to not only be a large, but also a fairly hierarchic organisation. Effecting change on an organisational level was never part of their function, nor was it an objective of the exchange. After all, in dialogue with SZMK's project group, the Malawi-Netherlands exchange was set up as an open experiment. For the SZMK project group members, the question behind the experiment surely was to what extent the organisation could benefit from such an exchange, but individual participants were not openly expected to aim for anything other than individual growth. The *objective* of the exchange is the second important difference between the three examples.

While the Malawian team also involved health professionals with a medical background, in their daily work they operated on a more coordinating level, and some were also involved in policy-making. The results of the questionnaire on personal values and culture also showed that, while they shared important values related to the health profession with the Dutch team, they were more action- and goal-oriented. From the onset, they expressed to see the exchange as an opportunity to develop knowledge and means to establish interventions aimed at improving areas of concern in their work context. With this objective clearly at the forefront, the team seized all the possible opportunities to jointly reflect and come up with policy suggestions for improvements in their own organisation. In the example of the SZMK work visits to Denmark, the teams consisted of higher level and mid-level managers, who had the clear objective to decide upon the future policy direction (in case of the higher level managers' visit) and to look for ways to implement changes in their own organisation (in case of the mid-level managers' visit).

What the three examples have in common, is that all teams showed development in terms of individually or collectively being better able to define problems in the own organisation (*problem stream*) and come up with alternatives (*policy stream*), or collectively coming up with suggestions for policy adjustment as a team. Why these changed Individual and Shared Mental Models led to organisational changes in one case, but not in others, can be explained by using Kingdon's multiple streams theory. Whether changes in individuals or teams involved in an exchange reach the rest of the organisation, depends on the individuals involved. Using the concept of *policy entrepreneurs*, the question may be asked to what extent they possess those qualities related to effective policy entrepreneurs. According to the theory, an effective policy entrepreneur helps to define a problem (*problem stream*), helps to understand the political climate related to the problem (*political stream*), and helps to address the problem through building teams and providing leadership (*policy stream*) (Kingdon, 1984; Mintrom & Norman, 2009; Gregg, Miller, & Tennant, 2018). Thereby, the policy

entrepreneur plays an important role in bringing the three streams together, forming a window of opportunity for policy change.

While the Dutch team involved in the Malawi-Netherlands exchange indeed was able to define problems and come up with alternatives as a result of the exchange, they have been found to lack a strong connection with and understanding of the political stream. Furthermore, they have been found to struggle with the skills to build teams and provide leadership. As such, they lack some of the qualities needed to make effective policy entrepreneurs, making the achievement of change on an organisational level unlikely. Members of the Malawian team, as well as the SZMK manager teams visiting Denmark, clearly had a much stronger connection to and influence on the political stream. The Malawian team also showed great team-building and leadership qualities. Furthermore, the presence of those qualities related to effective policy entrepreneurs in the Malawian and SZMK manager teams, were coupled with a clear team objective to aim for organisational change. An objective which the Dutch team involved in the Malawi-Netherlands exchange did not have. It is important to note, however, that the many developments that occurred on an individual level among the Dutch participants of the Malawi-Netherlands exchange, can be seen as developments towards becoming more effective policy entrepreneurs, e.g. developments in participants' self-efficacy, perseverance, organisation skills, teamwork ability, leadership skills, professional responsibility, and the ability to determine and formulate one's professional opinion.

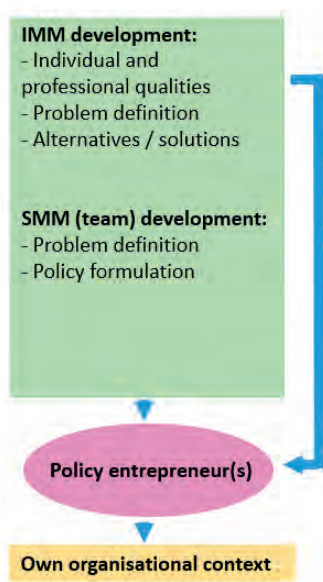
In the case of the SZMK visits to Denmark, the exchange objective to achieve organisational change was set, emphasised and expected by SZMK's executives. As such, the political stream was already very close to the problem stream, and very much open to developments in the policy stream. With the executive decision to use the work visits to Denmark as a tool for organisational change in a specific direction, a policy window was in fact already open. In accordance with Kingdon's theory, the groups of managers who were sent to Denmark already possessed important qualities of policy entrepreneurs. However, the international experience equipped them to actually become policy entrepreneurs for this specific direction of organisational change, due to the fact that they were better able to define the problem and come up with policy adjustments towards organisational change in their own context. Having become effective policy entrepreneurs, they were able to use the existing policy window, to achieve organisational change.

Although not in the scope of this research, the developments after the study indicate that a similar policy window was not present in the context of Blantyre CHC. While the Malawian team proved to be highly effective policy entrepreneurs, their policy suggestions seemed to have been too far removed from the political, problem and policy streams within their organisation at the time. Furthermore, key individuals from the Malawian team left their organisation shortly after the exchange. Thus, in Malawi

the possibility of the three streams being brought closer together through these specific promising policy entrepreneurs, was lost.

#### 10.1.4 Conceptualising the outcomes of international exchange

Figure 10.1 conceptualises the outcomes of international exchange, and their interrelation, as identified in this study.



**Figure 10.1.** Types of outcomes of international exchange and their interrelation

On an individual level, the study has shown that Individual Mental Models (IMM) develop. Participants develop individual and professional qualities, that are useful for their own development, beneficial in their daily work, and make them more effective policy entrepreneurs. Their improved recognition and definition of existing problems in their organisation, paired with the forming of alternative solutions to solve these problems, equip participants even better to become policy entrepreneurs within their own organisation.

On an exchange team level, Mental Model development can be considered to be Shared Mental Model (SMM) development, as problem definition and policy formulation are produced within and by teams. This collective development also makes the participants involved better equipped and more prone to become policy entrepreneurs. The policy entrepreneur(s) become more effective in being able to take advantage of existing policy windows and develop the ability to help create policy windows. The existing distance between the multiple streams with the organisation at that time then determines whether the Mental Model developments of the exchange participants can be translated

into organisational change. That is, if the problem definition and policy suggestion created by the policy entrepreneur(s) is not too far removed from the existing problem, policy and political streams within the own organisational context, an existing policy window may be taken advantage of, or a new policy window may open up. The problem stream within the organisation can be conceptualised as the perceived gap between the current and the desired organisation, which may differ between sub-sections of the organisation. The policy stream forms the existing alternatives and solutions to overcome that gap. The political stream consists of current Shared Mental Models, including values and culture, as well as current organisational developments.

## 10.2 Conditions facilitating individual and organisational changes

My second research question focuses on the conditions facilitating or determining the changes identified in the previous section:

*RQ 2: What are the conditions that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?*

In my theoretical framework I distinguish between four types of conditions that can influence change as a result of international exchange, namely the foreign context (RQ 2a), the exchange conditions (RQ 2b), one's own organisational context (RQ 2c) and one's own national context (RQ 2d). In this section I will first discuss the important foreign and own contextual conditions, before discussing the exchange conditions responsible for change.

### 10.2.1 Foreign context

The results of the literature study already indicated that it is the confrontation with contrasting opinions, attitudes and culture to one's own context that prompts change in the context of international exchange. My multiple-case study provides a more specific understanding of the particular elements involved in starting the process of change. In this case, organisations were paired on the basis of the fact that they both operated in the care sector. Particular changes in individuals, teams, and on an organisational level, could now be traced back to specific, contrasting, aspects of the foreign context that triggered change. The important aspects triggering change were all related to the participants' profession, involving care approaches and care practices. These foreign aspects of care formed negative or positive examples in the eyes of the participants. Negative examples included the impoverished conditions and lack of resources available to care professionals in Malawi. Positive examples included family and community

involvement in Malawi, professionalised elderly care in the Netherlands, and small-scale care in Denmark.

The literature study also already suggested that there is a degree of similarity necessary for individuals to be able to relate enough to the foreign context to learn from it. Important similarities between contexts that are likely to have played a role in my participants' ability to see foreign aspects of care as examples, include those between the organisational goals of Blantyre CHC and SZMK (providing care in clients' natural setting, allowing them to maintain independence and achieve the best quality of life), and similarities in the challenges faced by SZMK and care organisations visited in Denmark (providing humane care for a growing number of clients with dementia). There existed, in other words, important similarities in Shared Mental Models in both organisational contexts. Besides recognisability in Shared Mental Models, the participants from the Malawi-Netherlands exchange particularly valued the warm, welcoming environment, which they experienced abroad. Arguably, this has also played a role in creating a conducive environment for change to take place.

#### 10.2.2 Own organisational and national context

The elements of the foreign context that could be traced back to being starting points for change in this study, cannot be seen out of context of the participants' own organisation and country. After all, if those elements of the foreign context would not have clearly contrasted with the participants' own context, they might not have been noticed in the first place. The positive examples that eventually led to change also clearly related to problems that were already identified in one's own context. The problems identified after seeing the contrasting foreign reality, related to existing problem streams in one's own context. While exchange participants felt that they saw existing problems in their own context more clearly as a result of the foreign example, or were strengthened in certain beliefs, no really novel problems that had never been realised before were mentioned. This illustrates the importance of existing Mental Models, influenced by existing streams in one's own context, as a *frame* through which individuals and teams observe the foreign reality. When considering change as a result of exchange, the important aspects of one's own context are thus those Shared Mental Models, including care approaches (*frameworks*) and practices (*routines*), that contrast with the foreign Shared Mental Models, but resemble existing problem or policy streams within one's own context. Important elements from the own context determining the participants' frame through which they perceive and observe elements during the exchange include collective attitudes and practices (i.e. Shared Mental Models) within one's organisation and wider context. This also includes the perception of the strengths and weaknesses of one's organisation, the current and desired ways of thinking and acting, and the current and desired direction of change.

Besides the frame through which participants experience elements encountered during the exchange, which form starting points for learning, the participants' own organisational context greatly determines the possibility for change to be able to occur as a result of exchange. The organisation's willingness and ability to change are determined by its current culture, as well as its multiple streams. In this study, I used the concepts of current values and culture, as well as perceived discrepancies between employees' and executives' current and desired organisation, to determine relevant elements of the multiple streams within the participants' organisation. Relevant current values and culture included attitudes within (different subsections of) the organisation towards new initiatives, and ideas from outside the organisation. Priorities within the organisation, which could be heavily influenced by societal developments, were also found to determine the possibilities for change. For example, between the onset of the research programme in 2012 and the end of the Malawi-Netherlands exchange in 2015, SZMK's higher management changed from recognising and advocating the merits of international exchange in terms of individual and organisational learning, to a more sceptical attitude towards its benefits for the organisation. This attitude change was strongly related to the rapid changes in the care sector at that time, leading to a rather sudden focus on cost-cutting and downsizing.

### 10.2.3 Exchange conditions

When it came to uncovering those conditions of the exchange that prompted individual and collective (team) change, my multiple-case study confirmed a number of the findings of the literature on international exchange. Firstly, both the literature and the multiple-case study found that being able to *actively experience* the foreign context, including opportunities to interact with people within the foreign context, is crucial in starting a process of change. For example, during the Malawi-Netherlands exchange, the fact that participants became *submerged* in the foreign care culture (e.g. staying in care facilities, visiting and interacting with clients and local care professionals), allowed for the making of comparisons on many different levels, including care context, people, practices, attitudes and ideas, prompting change.

Secondly, the outcomes of the literature study suggested that a degree of *similarity* was necessary in order for interaction between participants and local people to take place in such a way as to allow for change. In the case of the Malawi-Netherlands exchange, the overlap or similarities between exchange teams were a source of feeling connected to the foreign peers (i.e. the local people). Recognising similarities in foreign peers, such as knowledge, goals and motivation, as well as recognising elements of the work that were similar, created a feeling of sharedness and can be viewed as forming a bridge between representatives of different ways of thinking and working, making it possible to learn from each other.

Thirdly, the literature on international exchange suggested that an active role and responsibility for the participants during the exchange process would be beneficial for individual learning. The case of the Malawi-Netherlands exchange clearly showed that being responsible for organising the visit for foreign visitors in one's own organisation forced participants to (inter)act out of one's usual routine. This active experience served as the initiator for individual development. The setting of the exchange influenced participants' motivation to undertake these activities, as they were largely self-motivated, through a supportive and stimulating within-group dynamic, and the feeling of responsibility and reciprocation towards the other group to offer them a comparably positive exchange experience (conductive cross-group dynamic). This motivating setting formed an especially conducive environment for change to take place, as it was experienced as very "safe" compared to more common educational environments that are more interlaced with the own organisational setting.

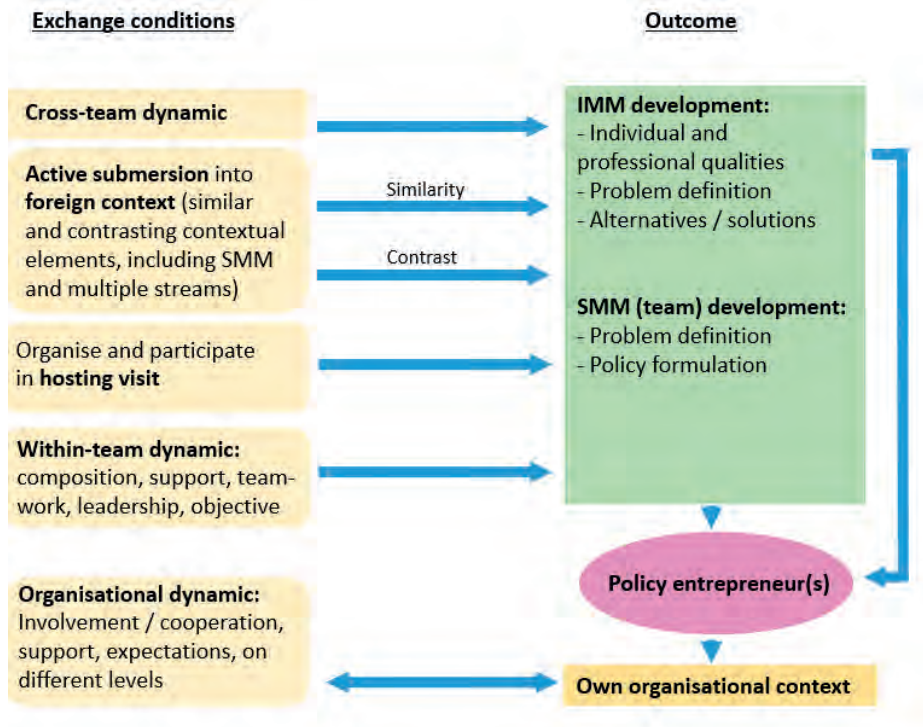
While supporting a number of the previous findings in international exchange literature, this study was innovative in its focus on exchanges involving *organisations* operating in comparable sectors, and *teams* representing these organisations. The set-up of the study of the Malawi-Netherlands exchange allowed for a close analysis of the group and organisational dynamic that the exchange created. For the first time, the influence of the within-team, cross-team, intra-organisational and inter-organisational dynamics related to organisational exchange could be closely examined. A respectful and reciprocal *cross-team dynamic* was experienced by all participants of the Malawi-Netherlands exchange. This positive dynamic was influenced, reinforced and developed through undertaking mutual efforts, exchanging gifts, showing interest, using humour, sharing a 'medical language', and jointly coming up with solutions to specific client problems encountered during field visits. These positive bonding experiences arguably played an important role in facilitating the exchange by setting participants up for learning, through making them feel respected and at ease. Influential elements of the *within-team dynamic* were found to be the teams' composition (e.g. diversity has a positive influence), within-team support, teamwork, leadership, and whether the team has an objective for the exchange (such as individual or organisational development). Lastly, the Malawi-Netherlands exchange revealed that an organisational exchange creates a new *organisational dynamic*, as colleagues and clients are involved through communication and activities surrounding the foreign and hosting visit. For example, the hosting visit entailed that different people on different locations in the organisation had to work together thereby forming new or stronger intra- and inter-organisational connections. The Malawi-Netherlands exchange also generated *positive attention* within the organisation and its wider setting, and was expected to be beneficial to SZMK's image.



#### 10.2.4 Conceptualising exchange conditions determining change as a result of international exchange

The exchange conditions can be considered to form the input or starting point for Individual and Shared Mental Model development. These conditions are unique to the situation created by an exchange and to a considerable extent, these conditions can be influenced by the set-up of the exchange. The most important exchange conditions influencing change, identified in this study, were the cross-team dynamic, active submersion into the foreign context, organising and participating in the hosting visit, the within-team dynamic, and the organisational dynamic.

Figure 10.2 conceptualises the most important conditions determining change as a result of international exchange, incorporating the conceptualisation of the outcomes of exchange developed in section 10.1.



**Figure 10.2.** Exchange conditions determining change

The important foreign contextual factors are no longer represented as a separate element in the model, but are incorporated in the exchange condition “active submersion into the foreign context”. After all, it is this element of submersion which

determines to what extent visiting participants experience the foreign contextual elements.

The *cross-team dynamic* was found to influence the degree of recognisability, trust and motivation felt by the exchange participants, which is a prerequisite for learning as a result of the exchange. The more positive this dynamic, the more likely that learning can take place.

*Active submersion* into the foreign context ensured that *similarities* between exchange participants' own and foreign context were recognised. Similar contextual elements included noticeably similar conditions or practices of the foreign context, but also similar Shared Mental Models and multiple streams. Recognising similarities increased recognisability, trust and motivation, which like a positive cross-team dynamic, can be considered a facilitator or possibly even prerequisite for Individual and Shared Mental Model development to take place as a result of exchange. Active submersion into the foreign context also ensured that *contrasting* elements between the foreign and one's own context were recognised. These elements included contrasting conditions or practices of the foreign context, as well as Shared Mental Models and multiple streams. Recognising contrasting elements of the foreign context formed the triggers for Individual and Shared Mental Model development.

Organising and participating in the *hosting* visit resulted in noticing strengths and weaknesses in one's own context, which formed the starting point for learning, which again took place on both an individual and collective (team) level. Furthermore, it resulted in individuals taking up new activities, thereby developing themselves (individually) through learning as well.

The *within-team dynamic* was found to influence both the individuals' and teams' collective ability to change, which in turn influenced the degree to which individual or team learning could take place. The *organisational dynamic* that is created because of the exchange, includes the degree of involvement (e.g. cooperation of clients, peers, management, partner organisations), support at different levels of the organisation, and the expectations within the organisation. This dynamic is both influenced by the existing streams in the organisation and its larger environment, and influences these streams at the same time.

### 10.3 Process of change resulting from international exchange

My third research question focuses on the process of change resulting from international exchange:

*What does the process of individual and organisational change resulting from international exchange look like, and to what extent can Kim's OADI-SMM model help in understanding this process?*

Understanding the process of change is crucial in order to identify elements that facilitate or hamper change. Especially when such elements may be influenced by those who organise the exchange and are involved in it. Analysing the process of change helps to better understand why and how the influential exchange conditions, described in section 10.2, lead to change.

### 10.3.1 Mental Model development through experiential learning

In the literature on international exchange a number of elements were identified to explain how change occurs as a result of exchange. Most importantly, difference in opinions, attitudes and practices (or Mental Models) is believed to create a 'culture shock' or 'mental conflict', which generates individual reflection. Individual reflection, possibly in combination with an increase in creativity, can then lead to individual change. One of the often returning concepts from both the international exchange and the organisational and policy change literature, is *experiential learning*. Experiential learning is often considered the most effective way of individual and collective development. In experiential learning theory, both individual and collective learning is achieved through a process of increased self-awareness, mostly created through the interaction with others, who can serve as mirrors to one's own way of thinking and acting. From the organisational change literature, I chose the OADI-SMM model (Kim, 1993) as a framework through which the process of change as a result of exchange could be examined. This model was chosen based on the fact that it combines many elements that have been found to be useful in previous studies on organisational change.

This study has clearly shown that an international exchange experience creates an environment for its participants to change, as it provides many opportunities for experiential learning and interaction with others. Kim's model has proven useful in understanding different elements of the change process. The concepts of *Individual* and *Shared Mental Models* as indicators for ways of thinking and acting (including values and culture) on different levels of an organisation (individual, sub-group, organisational) are highly useful in understanding the process and outcomes of change. Kim's model is especially useful in understanding the different stages involved in the *individual* change process, namely the *observe* (or experience), *assess* (or reflect), *design* and *implement* stage. In this study I found that this change cycle is equally helpful when describing *collective* change within teams of participants, as it is in describing individual change.

According to Kim (1993), in the observation stage "*people experience concrete events and actively observe what is happening*" (p. 3). The results of this study showed that making *observations* or *experiencing* things that start Mental Model development,

occurred throughout the process of participating in the exchange visits, both while visiting and hosting. Some of these occurred unexpectedly during travelling or staying in the facilities that were integrated in the visited care organisations. Other opportunities for learning were directly related to the programme set by the hosting participants. Examples of starting points for change, i.e. elements of the observation stage, included getting to know new people, experiencing new things and being introduced to new ideas. It is important to note that the “observation” stage, although sounding rather passive, includes *active* experiences. In fact, in this multiple-case study, most of the influential observation elements involved active experiences rather than passive observations.

The process of *making comparisons* is not explicitly mentioned by Kim but takes up a considerable part of the comments made by participants both during and after the exchange, and often forms the bridging element between an initiator of development (the observation stage) and a conclusion being drawn (the assess and design stage). Situations and impressions described were very often immediately contrasted with the home context, and the contrasting of contexts was done long after the exchange. Recognising and voicing differences allowed both visiting and hosting participants to see how different variations of a certain element in care systems could influence outcomes for those involved in the care process: informal carers, care professionals, volunteers, as well as those receiving care and their families. Thus, individual and collective change was found to take place in constant reference to one’s existing Mental Models, all the time trying to relate it to what one is familiar and comfortable with. This study shows that there is an important role for the processes of comparing observations and experiences to what is known. The set-up of the exchange, with its many differences from the known environment, makes this especially clear, as this process of comparison was constantly and easily vocalised. On the basis of the importance of this aspect of the change process, I consider the making of comparisons to be a separate stage between the individual observation and assessment phase. The comparisons made revealed existing Shared Mental Models and were often the starting point for Mental Model development, as existing Mental Models had to be adjusted to incorporate new knowledge of other contexts.

In Kim’s model, assessment refers to reflection on an observation. People “*assess (consciously or subconsciously) their experience by reflecting on their observations*” (p. 3). In the examples of change analysed in this study, a process of *assessment* or reflection on the new impressions created during the foreign or hosting visit took place individually, or through discussions with fellow participants. This assessment phase included discovering the positive value of gaining new experiences and ideas, adopting a fresh perspective, individually and/or collectively reflecting on one’s own organisational functioning, and individually (re)considering one’s professional role therein. This study also showed that the assessment of new observations and experiences often

also included an emotional component. The invoking of emotions can be considered a strong marker for an observation being assessed by an individual participant, as it is experienced as an observation that is out of one's "comfort zone", or in other words, something that does not easily fit in one's existing Mental Models. These emotions can also be considered indicative of a "culture shock" or "mental conflict".

In the learning cycle from Kim's model, *design* refers to the creation of a new idea, which is based on the made assessment. The new idea is an "*abstract concept that seems to be an appropriate response to the assessment*" (Kim, 1993, p. 3). In the closely related learning cycle described by Kolb (1984) the abstract conceptualisation step refers to the formation of abstract concepts (analysis) and generalisations (conclusions). The design phase can thus be interpreted to refer to the step from taking in the new information or experience to drawing a certain conclusion from it. In other words, weighing, valuing and/or judging information or an experience in order to fit the new knowledge in one's, changed, Mental Model. The individual and collective (team) change outcomes resulting from international exchange, described in section 10.1, can be seen as the results of this design phase. The Malawian team's collective formulation of new suggestions for policy, are a prime example of this design stage. The team of relatively young SZMK MT members that went to the United States and kept on working together to further develop policy, forms another example. Since these examples of results of the design stage involve genuine changes in Mental Models, I consider the experiential learning cycle to be a useful conceptualisation of the process of change, even if it does not involve a clear *implementation* stage.

In Kim's model, the *implementation* stage refers to the testing of the newly designed idea. People "*test the design by implementing it in the concrete world, which leads to a new concrete experience, commencing another cycle*" (Kim, 1993, p. 3). While operating through newly developed Individual Mental Models can be considered to be part of the implementation stage on an individual level, the clearest examples of the implementation stage in this study were the smaller and larger scale organisational changes that resulted from the previous work visits by SZMK managers to Denmark and the United States.

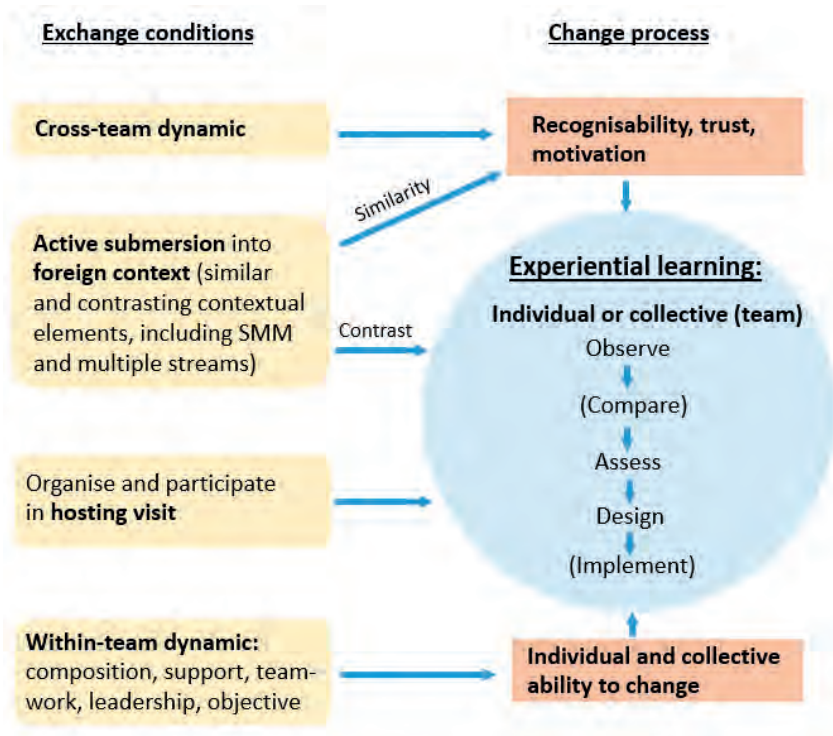
While Kingdon's (1993) model has proven to provide a helpful framework through which the process of change as a result of exchange can be studied, it failed to capture the very influential aspect of the interaction between participants. Both within-team and cross-team dynamics have proven to play an important role in the process of individual and collective learning that occurred as a result of exchange. This study has shown that the within-group dynamic can stimulate or hamper collective reflection and the designing of new ideas, necessary for agenda setting. A supportive within-group setting has also been found to play a role in facilitating the practicing of new skills. Furthermore, the experience in working as a team that comes with this type of organisational exchange,

allows for individual development of teamwork and leadership skills. Lastly, positive cross-team dynamics and expectations have been found to bring about a positive atmosphere, as well as to influence the degree of commitment and motivation to engage in exchange-related activities.

While learning within a team and in relation with another team may seem a particular feature of this intervention only (the inter-organisational exchange), in any case where learning transfers from a more individual to an organisational level, this will involve group processes as well. Indeed, Kim (1993) acknowledged the lack of group processes in his model. While not capturing the role of groups in his model, he believed that ultimately, *“the strength of the link between individual mental models and shared mental models is a function of the amount of influence exerted by a particular individual or group of individuals.”* (Kim, 1993, p. 45) In fact, this notion of the degree of influence of individuals involved determining whether individual learning leads to organisational learning, closely relates to Kingdon’s notion of policy entrepreneurs.

#### 10.3.2 Conceptualising the process of change resulting from international exchange

The findings of this study concerning the process of change are conceptualised in the experiential learning cycle in figure 10.3.



**Figure 10.3.** The process of experiential learning as a result of international exchange

This study has shown that the change process as a result of exchange can take place on both an individual and a collective (team) level. The nature of the international organisational exchange is that participants learn through experience, as a consequence of the active submersion in the foreign context (including interacting with others) and organising and participating in the hosting visit. The starting point for learning is *observing* or experiencing something that is somehow remarkable to the observer(s), such as contrasting foreign elements encountered during the foreign visit, or conspicuous problems in one's own organisation encountered during the hosting visit.

Unlike the original experiential learning cycles, the influential contrasting foreign elements, which were so often found to be the starting point for learning during this study, are not only noticed (observed), but either internally (individually), or through discourse with others (collectively) *compared*. The comparing stage is an addition to previously used experiential learning cycle theories.



*Assessment* or reflection on the differences or other noticeable elements observed, can also take place both on an individual and a collective (team) level. This stage may be accompanied by an emotional response.

On a collective (team) level, this study clearly identified efforts to *design* solutions to problems recognised in the own organisation (*policy stream*) in the form of policy adjustments or intervention design. On an individual level, translating the assessment of an experience into a changed idea and possibly a changed way of acting can also be seen as the *design* stage. Unlike experiential learning theory, I also consider the result of the design phase as a development in an individual's or team's Mental Models, even if it only changes one's framework, and not one's routines. The implementation phase is thus not necessary for Mental Models to develop. Individually, development usually entailed development on a framework level only, such as the individual development of problem definition (*problem stream*) and the production of alternative ideas to these problems (*solutions*). The development of individual and professional qualities often effected participants' routines as well, but also did not entail a clear implementation phase.

This study showed that in some cases, the solutions designed were also *implemented*, influencing both frameworks and routines within the organisation, i.e. Shared Mental Model changed at an organisational level. The latter was only possible when there was enough support within the organisation (*political stream*), including on an executive level. In other words, it was only possible in those cases where the merging of the problem, policy and political streams provided a policy window.

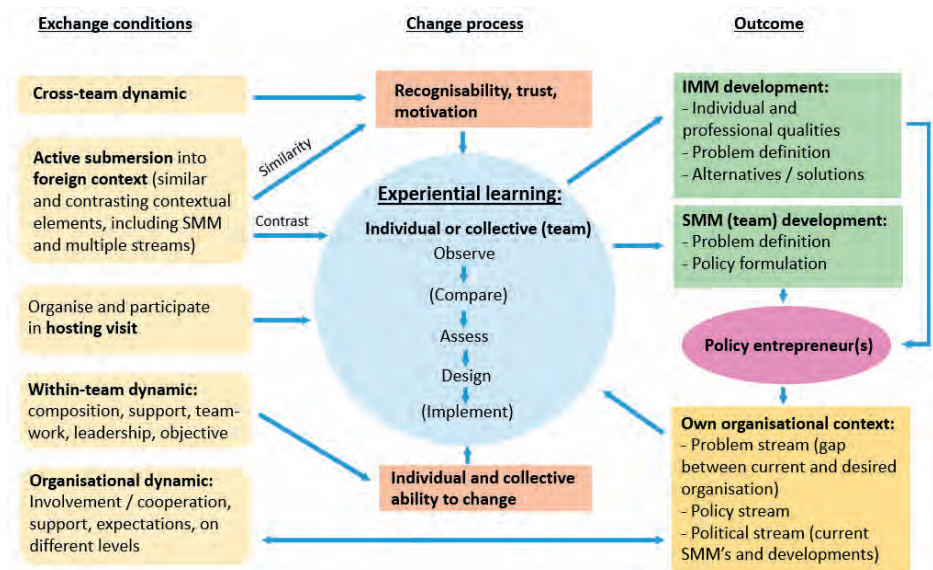
Lastly, the element of interaction between participants has to be included in a model explaining change through organisational exchange. Through in-depth analysis of the Malawi-Netherlands exchange it can be concluded that a positive, respectful and reciprocal *cross-team dynamic* creates a feeling of recognisability and trust, and provides participants with motivation to actively engage in the experience. Like the recognition of similar contextual elements, these elements are likely to all play a role in facilitating experiential learning. The *within-team dynamic*, particularly the elements of composition, support, teamwork, leadership and objective, influenced the ability of individuals within the team to develop, and the ability of the team itself to effectively observe, assess, design and possibly implement changes.

## 10.4 Conceptualising change through exchange

In this section I return to the main research question of the study:

*How and why does international exchange between two care organisations lead to individual and organisational change?*

In order to provide a cohesive answer to my main research question, I combine the outcomes of the sub-questions, looking at the input, process and outcome of change through international interorganisational change. Figure 10.4 presents a model in which these three important aspects are combined: i.e. the exchange conditions, change process and outcomes of international exchange. The model also conceptualises the relations between the elements involved.



**Figure 10.4.** Model for experiential learning and organisational change through international interorganisational exchange

This study has shown that an international interorganisational exchange creates strongly facilitative conditions for *Individual* and *Shared Mental Model development*, i.e. development takes place both individually and collectively as a team. Learning as a result of international exchange takes place *experientially*: through processes of self-reflection, awareness of oneself and one's organisation is created. Beside the known observation, assessment, design and implementation phase, a comparison phase is applicable when the starting point for change is based on an observed contrast between one's own context and the foreign context. Contrasts are observed due to the active *submersion* into the foreign context, made possible by the exchange. This also leads to the recognition of similarities, creating a feeling of relatedness, trust and motivation, stimulating the learning process. A positive dynamic *between* exchange teams contributes in a similar way to the experiential learning process.

The study showed that both the between-group and within-group aspect of an international exchange can greatly add to the potential for learning and organisational change. The *within-team* dynamic can provide internal motivation and a safe, supportive environment to engage in activities outside one's normal day-to-day routine and comfort zone, thereby increasing individuals' *ability to change*. The composition, degree of effectiveness in teamwork, leadership, and whether an objective was set for the exchange, determines the team's ability to collectively come to a clear problem definition and/or policy suggestion or formulation.

The organisational dynamic within one's *own organisational context* determines the likelihood of organisational change to occur as a result of the exchange. Using the notions from Kingdon's multiple streams framework, the likelihood of Individual and Shared Mental Model development resulting from the exchange, leading to Shared Mental Model development on an organisational level, can be more effectively assessed. These streams determine the degree of openness to new ideas and closeness to existing notions of problems and solutions that exist in the organisation.

Also using Kingdon's theory, I conclude that due to the experiential learning taking place as a result of exchange, participants can become (better) *policy entrepreneurs*, identifying points for improvement (problem stream) and creating novel solutions and alternatives (policy stream) on the basis of what they have seen and learned from the exchange experience, but also due to the personal growth they experience as a result of the exchange, making them more capable to take initiative. The dynamics within an organisation (political stream) can also shift due to the joint experience of hosting or other type of involvement in the foreign experience of co-workers, increasing the opportunity for a policy window to form.

## 10.5 Reflections on the study

### 10.5.1 Trustworthiness

In section 3.7 of this study I discussed how, throughout the process of the research, I have endeavoured to apply scientific rigour, in order to maximise the study's trustworthiness. Following Yin's (1994) recommendations for achieving scientific rigour in case study research, I have aimed to increase both construct and internal validity by using multiple sources of evidence, data source triangulation, and pattern-matching. Using different sources and types of evidence, triangulation, and case-comparisons, allowed me to find similarities and differences between cases. This gave me the opportunity to deduce important factors that influence the outcome of exchange, such as the team's composition, predetermined goal and degree and type of support at the executive level. It also strengthened the evidence for, as well as my own conviction of there being more universal effects of exchange, related to personal and professional growth.

Incorporating quantitative methods of data collection, and comparing its results with those obtained through different qualitative methods, helped in obtaining a more representative case description of SZMK, than would be the case if only qualitative data had been used. In this way, I was able to consult and represent a large part of the organisation. The thorough case descriptions I was able to make using data triangulation, also increase external validity, which refers to transferability or generalisability, of my study. Through thick case descriptions, those who want to employ organisational exchange for a specific purpose can judge to what extent the studied cases are comparable to their own. By uncovering factors that contribute to change in the case of international exchange, those who want to use international exchange as a means to develop their organisation, can judge for themselves whether such factors are present or can be created in their particular case.

By staying close to the source material, and carefully keeping record of the analytical steps I took when making theoretical deductions, I have attempted to demonstrate as clearly as possible how interpretations and conclusions were derived from the data, thereby ensuring construct validity and confirmability (Lincoln & Guba, 1985). Still, between my observations and the verbal expressions made by the participants, and the conclusions described in this chapter, many analytical steps were taken, and several years have passed. In the meantime, the organisational contexts have changed, as have the individuals involved in the study. As a final check for credibility of my study, I therefore employed participant validation, or member checking, in order to test whether I correctly understood, interpreted and presented the context, processes and changes of the individuals involved in this study. All participants of the Malawi-Netherlands exchange, and the main contact person and member of the project group also representing SZMK's higher management, were sent a summary of the main findings and conclusions, and were asked to comment on recognisability and accuracy of the findings, as well as their views on the conclusions drawn. The participants and SZMK's main contact person/project group member, who has been involved since the set-up of the research, identified with the individual, team and organisational changes, and the organisational contexts, described. To use one of the participants' own words: *"together with other life events, the exchange has contributed to personal and professional growth"*. This illustrates how different an exchange should be regarded, compared to for example a more traditional training course. Rather than expanding knowledge and experience in certain specific areas, an exchange is a catalyst for a broader, but very profound, type of development, comparable to major life events. The practical lessons that could be drawn from the Malawi-Netherlands exchange also corresponded with the lessons participants themselves had identified. Most importantly for the SZMK participants, this was the notion that a clearer predetermined goal of the exchange, and stronger leadership, would have helped in the team's ability to collectively make plans and execute those plans. As one participant described it: *"this has also been instructive. It gave me insight in my own leadership abilities, (life) goals, communication skills,*

*ability to give feedback, defining my own boundaries*". This participant then describes how she was able to show more proactivity and leadership, based on a stronger belief in her own professional expertise, to gain more independence and freedom in shaping her role within the organisation, which included reshaping her professional unit. All in all, gaining feedback from those most involved in the study, almost five years after the exchange, put the experiences in a broader perspective, and showed the profoundness of the changes and the role this "life event" has played in the participants' continuously evolving lives.

### 10.5.2 Theoretical contribution

For this study I chose to use a "Gaps and Holes" type of case study design (Ridder, 2017), which aims to specify gaps or holes in existing theory, with the ultimate goal of theory development. With this study I have added to the existing body of knowledge by establishing that current and desired Individual and Shared Mental Models as input variables and Individual and Shared Mental Model development as outcome variables are useful concepts in understanding what happens as a result of international exchange. Furthermore, I have demonstrated the applicability of the experiential learning model to describe and analyse team learning as well as individual learning. In the case of foreign elements prompting change ("culture shock") I have demonstrated the necessity of conceptually adding the stage of comparison between the observation and assessment stage.

This study also fills a problematic gap in Kim's (1993) theory, concerning the transfer of changed Individual Mental Models to Shared Mental Models on an organisational level, as well as concerning the important role of groups. The addition of Kingdon's (1984) concept of policy entrepreneur in Kim's model can be considered an important step in theory development, which was the aim of this study. The study proved the usefulness of the concept of policy entrepreneur, both in better understanding outcomes of the exchange, as well as explaining why some Mental Model developments resulting from international exchange influence an organisation, and why others do not. Kingdon's theory of multiple streams also helped to uncover important dynamics within the organisation influencing the possibilities for change. Dynamics, which in turn, may be influenced by the exchange itself, through the active or passive involvement of other actors besides the participants. Conceptualising the dynamics in terms of multiple streams within the organisation helped in placing the outcomes of exchange in the right perspective.

This study introduces new elements influencing change as a result of exchange, particularly the effect of the interaction between (teams of) participants, and the effect of hosting. Firstly, both the within-team dynamic and the cross-team dynamic have been found to be important determinants of change, which can be largely influenced by those organising the exchange. The within-team dynamic may be used to increase

the effectiveness of Mental Model development related to the exchange, and may even actively be used as a team-building tool. Secondly, an important element related to effective outcomes of exchange this study showed, was the change potential created by making the selected participants responsible for organising and participating in the hosting visit.

### 10.5.3 Practical relevance

Organisations today increasingly recognise the need to be able to quickly respond to changing societal demands, by adapting their ways of working and thinking. This also became apparent in the two geographically and culturally very different care contexts involved in this study. Rapid societal developments such as changing demographics and technological innovations, within a context of an increasingly globalised economic and political world, also influence the care sector. The urgency of the need to continuously adapt became very apparent through conducting this multiple-case study, and is likely to continue to grow ever more pressing in the near future. Sadly, the need for care organisations to quickly respond to sudden contextual changes is emphasised during the recent COVID-19 pandemic. With this study, I aim to contribute to the understanding of means to stimulate and manage organisational change in this crucial sector.

This study offers a starting point for organisations to facilitate the process and increase the ability of organisations to change, through inter-organisational exchange. An international exchange by no means provides a step-by-step change process towards a predetermined desired end-state. However, organisational change in a current, real-life setting, with all its complexities and interdependencies, is by definition a process that is difficult to control and predict. However, this study shows that the choice of partner-organisation, participants, goal, as well as the degree of involvement of higher management in the process, can influence the direction of change. Unlike more commonly used educational training sessions, an international organisational exchange provides its participants with real-life experiences, examples, (role) models, and practice, stimulating their internal motivation to change and affect organisational change.

### 10.5.4 Suggestions for further research

While it can be assumed that my theoretical model will also be applicable in other sectors, it could be that the care sector has highly particular, unique features that influence the effectiveness of the intervention. For example, some of the values that were so prominent in the care sector in general, and the exchange participants in particular, may be related to the likeliness of bonding to take place within and between teams, or the participants' effectiveness as policy entrepreneurs within their organisations. Shared values such as reliability, involvement and caring, may set the stage for quick bonding to take place within and between teams, but might not

immediately relate to an effective policy entrepreneur. Such parameters of the model can be further explored in future research in other settings, including other sectors.

The outcomes of this study give an indication as to which important elements can be purposefully influenced to achieve a certain direction of change. Further studies on international exchanges organised to achieve a more specific direction of change could help in getting a better understanding of the degree to which international exchange can be purposefully used to direct change.



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## APPENDIX A

### Introduction and background questions online questionnaire

Two different versions of the online questionnaire were sent to the SZMK employees. Half of the employees received version 1, containing the questions inspired by the Barrett Values Assessment instruments (appendix B), and the other half received version 2, containing the questions from the OCAI instrument (appendix C). The introduction to the questionnaires, however, were the same, apart from the short introductory explanation of the second and third part of the questionnaire: these briefly described the instructions of the different types of assessment instruments. The first page of this appendix (A) contains the introduction to the Barrett-inspired questionnaire. This is followed by the first part of the questionnaire (background characteristics), which consisted of exactly the same questions in both questionnaires.

#### **VRAGENLIJST: DE ORGANISATIE EN U**

Deze vragenlijst gaat over uzelf en over uw beeld van de organisatie waar u werkt. Het doel van het onderzoek is om de organisatie waar u werkt beter te leren kennen en begrijpen: wat voor mensen werken er, wat vinden zij belangrijk en hoe zien zij hun eigen organisatie? Het invullen van deze vragenlijst kost ongeveer **15 minuten**.

De vragenlijst bestaat uit 2 delen:

**Deel 1:** Hierin worden enkele **achtergrondvragen** over uzelf gevraagd. Deze vragen zijn nodig om eventuele verschillen tussen groepen medewerkers te kunnen ontdekken. Bijvoorbeeld, met behulp van de achtergrondgegevens kan er worden gekeken of de medewerkers die bij de sector Thuiszorg werken een ander beeld bij de organisatie hebben dan intramurale medewerkers.

**Deel 2:** Hierin wordt u aan de hand van verschillende **uitspraken** gevraagd hoe u de **organisatie** op dit moment ervaart en hoe u de organisatie het liefst zou willen zien.

U kunt de vragenlijst invullen door de antwoordhokjes aan te klikken die het best bij uw antwoord passen. Na elke vraag kunt u door middel van de pijltjes onderaan de pagina naar de volgende vraag gaan. Ook kunt u altijd terug in de vragenlijst met behulp van de pijltjes onderaan de pagina.

Uw antwoorden zijn en blijven **volledig anoniem**.

Heeft u **vragen** over de vragenlijst of het onderzoek, stuurt u deze dan per e-mail naar [j.asmoredjo@uvt.nl](mailto:j.asmoredjo@uvt.nl). Ik zal deze zo spoedig mogelijk proberen te beantwoorden.

Alvast dank voor uw medewerking,

Met vriendelijke groet,

Jolanda Asmoredjo  
Tilburg Universiteit



## **DEEL 1: ACHTERGRONDVRAGEN OVER UZELF**

### **1. Wat is uw functie?**

- ☐ Woonbegeleider / verzorgende
- ☐ Eerstverantwoordelijke verzorgende
- ☐ Verpleegkundige
- ☐ Coördinerend verpleegkundige
- ☐ Taakcoördinator
- ☐ Verzorgende Thuiszorg Marga Klompé (TMK)
- ☐ Coördinator HV (Huishoudelijke Verzorging)
- ☐ Coördinator V&V (Verpleging en Verzorging)
- ☐ Wijkverpleegkundige
- ☐ Activiteitenbegeleider
- ☐ Afdelingshoofd
- ☐ Sectorhoofd
- ☐ Anders, namelijk

*Vul uw functie hieronder in:*

### **2. In welke sector bent u werkzaam?**

- ☐ Sector Thuiszorg Marga Klompé
- ☐ Sector wonen-zorg Aalten/Beltrum
- ☐ Sector zorg Winterswijk of sector wonen-zorg Winterswijk
- ☐ Sector zorg / wonen-zorg Groenlo
- ☐ Sector zorg / wonen-zorg Lochem



**3. In welke gemeente bent u werkzaam?**

- ☐ Gemeente Aalten
- ☐ Gemeente Berkelland
- ☐ Gemeente Oost Gelre
- ☐ Gemeente Lochem
- ☐ Gemeente Winterswijk

**3. Op welke locatie bent u werkzaam?**

- ☐ Beth San: Woonzorgcentrum Beth San
- ☐ Beth San: Groepswoningen Beth San
- ☐ Groepswoningen Hoge Veld
- ☐ Ambthuis: Woonzorgcentrum
- ☐ Ambthuis: Groepswoning
- ☐ Woonzorgcentrum Stegemanhof
- ☐ Woonzorgcentrum De Hassinkhof

**3. Op welke locatie bent u werkzaam?**

- ☐ De Berkhof: Woonzorgcentrum
- ☐ De Berkhof: Groepswoningen
- ☐ Woonzorgcentrum de Pelkwijk
- ☐ Vredense Hof: Woonzorgcentrum
- ☐ Vredense Hof: Groepswoningen de Rikker
- ☐ Vredense Hof: Groepswoningen Somatiek
- ☐ Pronsweide: Verpleeghuis
- ☐ Pronsweide: Dagbehandeling
- ☐ Groepswoningen Meddo

**3. Op welke locatie bent u werkzaam?**

- ☐ De Molenberg: Verpleeghuis
- ☐ De Molenberg: Woonzorgcentrum
- ☐ De Molenberg: Groepswoningen
- ☐ De Molenberg: Dagcentrum Groenlo
- ☐ Groepswoningen Marienhof

**3. Op welke locatie bent u werkzaam?**

- ☐ De Hoge Weide: Verpleeghuis
- ☐ De Hoge Weide: Woonzorgcentrum
- ☐ De Hoge Weide: Dagcentrum Lochem

**4. Hoe oud bent u?**

- ☐ Jonger dan 25 jaar
- ☐ 25 tot 30 jaar
- ☐ 30 tot 35 jaar
- ☐ 35 tot 40 jaar
- ☐ 40 tot 45 jaar
- ☐ 45 tot 50 jaar
- ☐ 50 tot 55 jaar
- ☐ 55 tot 60 jaar
- ☐ Ouder dan 60 jaar

**5. Bent u een vrouw of een man?**

- ☐ Vrouw
- ☐ Man

**6. Hoe lang bent u al werkzaam voor de Stichting Zorgcombinatie Marga Klompé?**

*Vul hieronder het aantal jaar in dat u werkzaam bent voor de SZMK:*

## APPENDIX B

## Questionnaire version 1 (Inspired by Barrett Values Assessment)

**DEEL 2: PERSOONLIJKE WAARDEN**

In het volgende gedeelte van de vragenlijst wordt u gevraagd **10** woorden te kiezen uit een lijst van **waarden**, die u het beste omschrijven.

**Persoonlijke waarden**

Selecteer **10** van de volgende waarden die het best omschrijven **wie u bent**, niet wie u graag zou willen zijn of worden.

Klik op de selectievakjes om de waarden te kiezen. Klik nogmaals op een vakje om uw keuze ongedaan te maken. Als u 10 waarden hebt geselecteerd kunt u doorgaan naar de volgende vraag.

- |                                                 |                                                  |
|-------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> aanpassingsvermogen    | <input type="checkbox"/> materialistisch         |
| <input type="checkbox"/> aardig gevonden worden | <input type="checkbox"/> mededogen               |
| <input type="checkbox"/> ambitie                | <input type="checkbox"/> milieubewustzijn        |
| <input type="checkbox"/> balans (thuis / werk)  | <input type="checkbox"/> moed                    |
| <input type="checkbox"/> beloning               | <input type="checkbox"/> nederigheid             |
| <input type="checkbox"/> besluitvaardig         | <input type="checkbox"/> nieuwsgierigheid        |
| <input type="checkbox"/> betrokkenheid          | <input type="checkbox"/> omarmen van diversiteit |
| <input type="checkbox"/> betrouwbaarheid        | <input type="checkbox"/> omgaan met onzekerheid  |
| <br>                                            |                                                  |
| <input type="checkbox"/> coaching / mentoring   | <input type="checkbox"/> onafhankelijkheid       |
| <input type="checkbox"/> competentie            | <input type="checkbox"/> ondernemend             |
| <input type="checkbox"/> conflictoplossing      | <input type="checkbox"/> openheid                |
| <input type="checkbox"/> continu leren          | <input type="checkbox"/> persoonlijke groei      |
| <input type="checkbox"/> controleren            | <input type="checkbox"/> persoonlijk imago       |
| <input type="checkbox"/> creativiteit           | <input type="checkbox"/> prestatiegericht        |
| <input type="checkbox"/> de beste zijn          | <input type="checkbox"/> professionele groei     |
| <input type="checkbox"/> dialoog                | <input type="checkbox"/> redelijk / rechtvaardig |
| <input type="checkbox"/> doorzettingsvermogen   | <input type="checkbox"/> respect                 |
| <input type="checkbox"/> duidelijkheid          | <input type="checkbox"/> risico nemen            |
| <input type="checkbox"/> eerlijkheid            | <input type="checkbox"/> risico mijden           |

## Appendices

- |                                                              |                                                                                |
|--------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> empathie                            | <input type="checkbox"/> sociaal / mensgericht                                 |
| <input type="checkbox"/> enthousiasme / positieve instelling | <input type="checkbox"/> succes                                                |
| <input type="checkbox"/> erkenning                           | <input type="checkbox"/> toekomstige generaties                                |
| <input type="checkbox"/> ervaring                            | <input type="checkbox"/> trots                                                 |
| <input type="checkbox"/> ethiek                              | <input type="checkbox"/> veiligheid                                            |
| <input type="checkbox"/> familie                             | <input type="checkbox"/> verantwoordelijkheid                                  |
| <input type="checkbox"/> financiële stabiliteit              | <input type="checkbox"/> vergevingsgezind                                      |
| <input type="checkbox"/> geduld                              | <input type="checkbox"/> verschil maken                                        |
| <input type="checkbox"/> gezondheid                          | <input type="checkbox"/> vertrouwen                                            |
| <input type="checkbox"/> humor / plezier                     | <input type="checkbox"/> visie                                                 |
| <input type="checkbox"/> initiatief                          | <input type="checkbox"/> voorzichtigheid                                       |
| <input type="checkbox"/> integriteit                         | <input type="checkbox"/> vriendschap                                           |
| <input type="checkbox"/> invloed                             | <input type="checkbox"/> vrijgevigheid                                         |
| <input type="checkbox"/> kwaliteit                           | <input type="checkbox"/> welbevinden (fysiek, emotioneel, mentaal, spiritueel) |
| <input type="checkbox"/> leiderschap                         | <input type="checkbox"/> werkzekerheid                                         |
| <input type="checkbox"/> luisteren                           | <input type="checkbox"/> wijsheid                                              |
| <input type="checkbox"/> maatschappelijk betrokken           | <input type="checkbox"/> zelfdiscipline                                        |
| <input type="checkbox"/> macht                               | <input type="checkbox"/> zorgzaam                                              |

Heeft u nog waarden gemist die u beter omschrijven dan de genoemde waarden? Die kunt u dan hieronder invullen:

### DEEL 3: ORGANISATIEWAARDEN

In het volgende gedeelte van de vragenlijst wordt u gevraagd **10** woorden te selecteren uit een lijst van **waarden**, die uw organisatie -de Stichting Marga Klompé- het beste omschrijven.

#### Organisatiewaarden: Huidige situatie

Selecteer **10** van de volgende waarden die **uw organisatie zoals deze er nu uitziet** het best weerspiegelen.

Klik op de selectievakjes om de waarden te kiezen. Klik nogmaals op een vakje om uw keuze ongedaan te maken. Als u 10 waarden hebt geselecteerd kunt u doorgaan naar de volgende vraag.

- |                                                                        |                                                           |
|------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> aanpassingsvermogen                           | <input type="checkbox"/> leiderschapsontwikkeling         |
| <input type="checkbox"/> afdeling- en teamoverschrijdende samenwerking | <input type="checkbox"/> luisteren                        |
| <input type="checkbox"/> balans (thuis / werk)                         | <input type="checkbox"/> maatschappelijk betrokken        |
| <input type="checkbox"/> betrokkenheid                                 | <input type="checkbox"/> maatschappelijk verantwoordelijk |
| <input type="checkbox"/> betrouwbaarheid                               | <input type="checkbox"/> macht                            |
| <input type="checkbox"/> bureaucratie                                  | <input type="checkbox"/> manipulatie                      |
| <input type="checkbox"/> cliënttevredenheid                            | <input type="checkbox"/> mededogen                        |
| <input type="checkbox"/> coaching / mentoring                          | <input type="checkbox"/> medewerkers betrekken            |
| <input type="checkbox"/> conflictoplossing                             | <input type="checkbox"/> missiegericht                    |
| <input type="checkbox"/> continu leren                                 | <input type="checkbox"/> mondiaal bewustzijn              |
| <input type="checkbox"/> continue verbetering                          | <input type="checkbox"/> nauwe samenwerking met cliënten  |

- |                                                              |                                                                                |
|--------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> controleren                         | <input type="checkbox"/> omarmen van diversiteit                               |
| <input type="checkbox"/> creativiteit                        | <input type="checkbox"/> ondernemend                                           |
| <input type="checkbox"/> de beste zijn                       | <input type="checkbox"/> openheid                                              |
| <input type="checkbox"/> de schuld geven                     | <input type="checkbox"/> organisatiegroei                                      |
| <input type="checkbox"/> duidelijkheid                       | <input type="checkbox"/> persoonlijke groei                                    |
| <input type="checkbox"/> duurzaamheid                        | <input type="checkbox"/> productiviteit                                        |
| <input type="checkbox"/> eerlijkheid                         | <input type="checkbox"/> professionaliteit                                     |
| <input type="checkbox"/> efficiëntie                         | <input type="checkbox"/> professionele groei                                   |
| <input type="checkbox"/> enthousiasme / positieve instelling | <input type="checkbox"/> redelijk / rechtvaardig                               |
| <input type="checkbox"/> erkenning                           | <input type="checkbox"/> respect                                               |
| <input type="checkbox"/> ervaring                            | <input type="checkbox"/> resultaatgericht                                      |
| <input type="checkbox"/> ethiek                              | <input type="checkbox"/> risico nemen                                          |
| <input type="checkbox"/> familie                             | <input type="checkbox"/> risico mijden                                         |
| <input type="checkbox"/> financiële stabiliteit              | <input type="checkbox"/> strategische allianties                               |
| <input type="checkbox"/> gedeelde visie                      | <input type="checkbox"/> teamwerk                                              |
| <input type="checkbox"/> gedeelde waarden                    | <input type="checkbox"/> toekomstige generaties                                |
| <input type="checkbox"/> geduld                              | <input type="checkbox"/> transparantie                                         |
| <input type="checkbox"/> gelijkheid                          | <input type="checkbox"/> trots                                                 |
| <input type="checkbox"/> gezondheid van medewerkers          | <input type="checkbox"/> uitbuiting                                            |
| <input type="checkbox"/> het goede voorbeeld geven           | <input type="checkbox"/> veiligheid                                            |
| <input type="checkbox"/> hiërarchie                          | <input type="checkbox"/> verantwoordelijkheid                                  |
| <input type="checkbox"/> humor / plezier                     | <input type="checkbox"/> verantwoording afleggen                               |
| <input type="checkbox"/> imago                               | <input type="checkbox"/> vergevingsgezind                                      |
| <input type="checkbox"/> informatie achterhouden             | <input type="checkbox"/> verschil maken                                        |
| <input type="checkbox"/> informatie delen                    | <input type="checkbox"/> vertrouwen                                            |
| <input type="checkbox"/> initiatief                          | <input type="checkbox"/> verwarring                                            |
| <input type="checkbox"/> innovatie                           | <input type="checkbox"/> visie                                                 |
| <input type="checkbox"/> integriteit                         | <input type="checkbox"/> volledige ontplooiing van medewerkers                 |
| <input type="checkbox"/> interne competitie                  | <input type="checkbox"/> voorzichtigheid                                       |
| <input type="checkbox"/> koninkrijkes                        | <input type="checkbox"/> waardering voor medewerkers                           |
| <input type="checkbox"/> kortetermijn-gericht                | <input type="checkbox"/> welbevinden (fysiek, emotioneel, mentaal, spiritueel) |
| <input type="checkbox"/> kostenreductie                      | <input type="checkbox"/> werkonzekerheid                                       |
| <input type="checkbox"/> kwaliteit                           | <input type="checkbox"/> wijsheid                                              |
| <input type="checkbox"/> lange dagen                         | <input type="checkbox"/> winst                                                 |
| <input type="checkbox"/> langetermijn-perspectief            | <input type="checkbox"/> zorgzaam                                              |

Heeft u nog waarden gemist die uw organisatie beter omschrijven dan de genoemde waarden? Die kunt u eventueel hieronder invullen.



**Organisatiewaarden: Gewenste situatie**

Selecteer nu **10** van dezelfde waarden die het best beschrijven hoe u **zou willen dat uw organisatie eruit zag**.

Klik op de selectievakjes om de waarden te kiezen. Klik nogmaals op een vakje om uw keuze ongedaan te maken. Als u 10 waarden hebt geselecteerd kunt u doorgaan naar de volgende vraag.

- |                                                                        |                                                           |
|------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> aanpassingsvermogen                           | <input type="checkbox"/> leiderschapsontwikkeling         |
| <input type="checkbox"/> afdeling- en teamoverschrijdende samenwerking | <input type="checkbox"/> luisteren                        |
| <input type="checkbox"/> balans (thuis / werk)                         | <input type="checkbox"/> maatschappelijk betrokken        |
| <input type="checkbox"/> betrokkenheid                                 | <input type="checkbox"/> maatschappelijk verantwoordelijk |
| <input type="checkbox"/> betrouwbaarheid                               | <input type="checkbox"/> macht                            |
| <input type="checkbox"/> bureaucratie                                  | <input type="checkbox"/> manipulatie                      |
| <input type="checkbox"/> cliënttevredenheid                            | <input type="checkbox"/> mededogen                        |
| <input type="checkbox"/> coaching / mentoring                          | <input type="checkbox"/> medewerkers betrekken            |
| <input type="checkbox"/> conflictoplossing                             | <input type="checkbox"/> missiegericht                    |
| <input type="checkbox"/> continu leren                                 | <input type="checkbox"/> mondiaal bewustzijn              |
| <input type="checkbox"/> continue verbetering                          | <input type="checkbox"/> nauwe samenwerking met cliënten  |
| <input type="checkbox"/> controleren                                   | <input type="checkbox"/> omarmen van diversiteit          |
| <input type="checkbox"/> creativiteit                                  | <input type="checkbox"/> ondernemend                      |
| <input type="checkbox"/> de beste zijn                                 | <input type="checkbox"/> openheid                         |
| <input type="checkbox"/> de schuld geven                               | <input type="checkbox"/> organisatiegroei                 |
| <input type="checkbox"/> duidelijkheid                                 | <input type="checkbox"/> persoonlijke groei               |
| <input type="checkbox"/> duurzaamheid                                  | <input type="checkbox"/> productiviteit                   |
| <input type="checkbox"/> eerlijkheid                                   | <input type="checkbox"/> professionaliteit                |
| <input type="checkbox"/> efficiëntie                                   | <input type="checkbox"/> professionele groei              |
| <input type="checkbox"/> enthousiasme / positieve instelling           | <input type="checkbox"/> redelijk / rechtvaardig          |
| <input type="checkbox"/> erkenning                                     | <input type="checkbox"/> respect                          |
| <input type="checkbox"/> ervaring                                      | <input type="checkbox"/> resultaatgericht                 |
| <input type="checkbox"/> ethiek                                        | <input type="checkbox"/> risico nemen                     |
| <input type="checkbox"/> familie                                       | <input type="checkbox"/> risico mijden                    |
| <input type="checkbox"/> financiële stabiliteit                        | <input type="checkbox"/> strategische allianties          |
| <input type="checkbox"/> gedeelde visie                                | <input type="checkbox"/> teamwerk                         |
| <input type="checkbox"/> gedeelde waarden                              | <input type="checkbox"/> toekomstige generaties           |

- |                                                     |                                                                                |
|-----------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> geduld                     | <input type="checkbox"/> transparantie                                         |
| <input type="checkbox"/> gelijkheid                 | <input type="checkbox"/> trots                                                 |
| <input type="checkbox"/> gezondheid van medewerkers | <input type="checkbox"/> uitbuiting                                            |
| <input type="checkbox"/> het goede voorbeeld geven  | <input type="checkbox"/> veiligheid                                            |
| <input type="checkbox"/> hiërarchie                 | <input type="checkbox"/> verantwoordelijkheid                                  |
| <input type="checkbox"/> humor / plezier            | <input type="checkbox"/> verantwoording afleggen                               |
| <input type="checkbox"/> imago                      | <input type="checkbox"/> vergevingsgezind                                      |
| <input type="checkbox"/> informatie achterhouden    | <input type="checkbox"/> verschil maken                                        |
| <input type="checkbox"/> informatie delen           | <input type="checkbox"/> vertrouwen                                            |
| <input type="checkbox"/> initiatief                 | <input type="checkbox"/> verwarring                                            |
| <input type="checkbox"/> innovatie                  | <input type="checkbox"/> visie                                                 |
| <input type="checkbox"/> integriteit                | <input type="checkbox"/> volledige ontplooiing van medewerkers                 |
| <input type="checkbox"/> interne competitie         | <input type="checkbox"/> voorzichtigheid                                       |
| <input type="checkbox"/> koninkrijkes               | <input type="checkbox"/> waardering voor medewerkers                           |
| <input type="checkbox"/> kortetermijn-gericht       | <input type="checkbox"/> welbevinden (fysiek, emotioneel, mentaal, spiritueel) |
| <input type="checkbox"/> kostenreductie             | <input type="checkbox"/> werkonzekerheid                                       |
| <input type="checkbox"/> kwaliteit                  | <input type="checkbox"/> wijsheid                                              |
| <input type="checkbox"/> lange dagen                | <input type="checkbox"/> winst                                                 |
| <input type="checkbox"/> langetermijn-perspectief   | <input type="checkbox"/> zorgzaam                                              |

Heeft u nog waarden gemist die de door u gewenste organisatie beter omschrijven dan de genoemde waarden? Die kunt u eventueel hieronder invullen.

#### TOELICHTING GEWENSTE SITUATIE

Hieronder kunt u eventueel een toelichting geven over hoe u de toekomst van de organisatie graag zou willen zien, en/of hoe u de toekomst van de ouderenzorg in het algemeen graag zou willen zien.



## APPENDIX C

## Questionnaire version 2 (OCAI)

**DEEL 2: UW ORGANISATIE**

Het volgende gedeelte van de vragenlijst bestaat steeds uit 4 uitspraken over een organisatie. Eerst wordt telkens gevraagd hoe u vindt dat uw organisatie, de Stichting Zorgcombinatie Marga Klompé (SZMK), er volgens u **nu** uitziet. Daarna wordt u gevraagd hoe u **zou willen** dat de SZMK eruit zou zien. U kunt dit aangeven door steeds **100 punten** te **verdelen** over de **4 uitspraken**. Geef veel punten aan die uitspraak die het best bij uw organisatie past en weinig of geen punten aan die uitspraak die het minst past bij uw organisatie.

**DOMINANTE KENMERKEN VAN DE ORGANISATIE: HUIDIGE SITUATIE****1a. Welke uitspraken passen het beste bij uw organisatie, zoals deze nu is?**

De volgende uitspraken gaan over de **dominante kenmerken** van uw organisatie. Verdeel **100 punten** over de vier uitspraken, afhankelijk van de mate waarin die uitspraak past bij uw organisatie. Geef veel punten aan de uitspraak die het best bij uw organisatie past en weinig of geen punten aan die uitspraak die het minst past bij uw organisatie. Let erop dat het totaal van de vier vragen uitkomt op 100 punten.

- A. De organisatie heeft een zeer persoonlijk karakter. Ze heeft veel weg van een grote familie. De mensen lijken veel met elkaar gemeen te hebben.
- B. De organisatie is zeer dynamisch en er heerst een echte ondernemingsgeest. De mensen zijn bereid hun nek uit te steken en risico's te nemen.
- C. De organisatie is sterk resultaatgericht. Het werk af zien te krijgen is de grootste zorg. De mensen zijn erg competitief en gericht op het behalen van resultaten.
- D. De organisatie is strak geleid en gestructureerd. Formele processen bepalen in het algemeen wat de mensen doen.

**Total****DOMINANTE KENMERKEN VAN DE ORGANISATIE: GEWENSTE SITUATIE****1b. Hoe zou u willen dat uw organisatie eruitziet?**

Verdeel nu **100 punten** over dezelfde vier uitspraken, afhankelijk van hoe graag u **zou willen** dat de uitspraak bij uw organisatie past. Geef veel punten aan de uitspraak die u het liefste zou zien bij uw ideale organisatie en weinig of geen punten aan die uitspraak die u het minst graag bij uw ideale organisatie zou zien.

- A. De organisatie heeft een zeer persoonlijk karakter. Ze heeft veel weg van een grote familie. De mensen lijken veel met elkaar gemeen te hebben.
- B. De organisatie is zeer dynamisch en er heerst een echte ondernemingsgeest. De mensen zijn bereid hun nek uit te steken en risico's te nemen.
- C. De organisatie is sterk resultaatgericht. Het werk af zien te krijgen is de grootste zorg. De mensen zijn erg competitief en gericht op het behalen van resultaten.
- D. De organisatie is strak geleid en gestructureerd. Formele processen bepalen in het algemeen wat de mensen doen.

**Totaal**

**LEIDING VAN DE ORGANISATIE: HUIDIGE SITUATIE****2a. Welke uitspraken passen het beste bij uw organisatie, zoals deze nu is?**

De volgende uitspraken gaan over de **leiding** van de organisatie. Verdeel **100 punten** over de vier uitspraken, afhankelijk van de mate waarin die uitspraak past bij uw organisatie. Geef veel punten aan de uitspraak die het best bij uw organisatie past en weinig of geen punten aan die uitspraak die het minst past bij uw organisatie. Let erop dat het totaal van de vier vragen uitkomt op 100 punten.

A. De leiding van de organisatie gedraagt zich in het algemeen als mentor, faciliteert en stimuleert.	<input type="text" value="0"/>
B. De leiding van de organisatie straalt in het algemeen ondernemingslust uit, evenals vernieuwingsgezindheid en risicobereidheid.	<input type="text" value="0"/>
C. De leiding van de organisatie geeft in het algemeen blijk van een no-nonsense instelling, agressiviteit en resultaatgerichtheid.	<input type="text" value="0"/>
D. De leiding van de organisatie geeft in het algemeen blijk van coördinerend en organiserend gedrag en maakt de indruk van een soepel draaiende efficiënte machinerie.	<input type="text" value="0"/>
<b>Totaal</b>	<input type="text" value="0"/>

**LEIDING VAN DE ORGANISATIE: GEWENSTE SITUATIE****2b. Hoe zou u willen dat uw organisatie eruitzag?**

Verdeel 100 punten over de vier uitspraken, afhankelijk van hoe graag u **zou willen** dat de uitspraak bij uw organisatie zou passen. Geef veel punten aan de uitspraak die u het liefste zou zien bij uw ideale organisatie en weinig of geen punten aan die uitspraak die u het minst graag bij uw ideale organisatie zou zien.

A. De leiding van de organisatie gedraagt zich in het algemeen als mentor, faciliteert en stimuleert.	<input type="text" value="0"/>
B. De leiding van de organisatie straalt in het algemeen ondernemingslust uit, evenals vernieuwingsgezindheid en risicobereidheid.	<input type="text" value="0"/>
C. De leiding van de organisatie geeft in het algemeen blijk van een no-nonsense instelling, agressiviteit en resultaatgerichtheid.	<input type="text" value="0"/>
D. De leiding van de organisatie geeft in het algemeen blijk van coördinerend en organiserend gedrag en maakt de indruk van een soepel draaiende efficiënte machinerie.	<input type="text" value="0"/>
<b>Totaal</b>	<input type="text" value="0"/>

### DEEL 3: ORGANISATIEWAARDEN

In het volgende gedeelte van de vragenlijst wordt u gevraagd **10** woorden te selecteren uit een lijst van **waarden**, die uw organisatie -de Stichting Marga Klompé- het beste omschrijven.

#### Organisatiewaarden: Huidige situatie

Selecteer **10** van de volgende waarden die **uw organisatie zoals deze er nu uit ziet** het best weerspiegelen.

Klik op de selectievakjes om de waarden te kiezen. Klik nogmaals op een vakje om uw keuze ongedaan te maken. Als u 10 waarden hebt geselecteerd kunt u doorgaan naar de volgende vraag.

- |                                                                        |                                                           |
|------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> aanpassingsvermogen                           | <input type="checkbox"/> leiderschapsontwikkeling         |
| <input type="checkbox"/> afdeling- en teamoverschrijdende samenwerking | <input type="checkbox"/> luisteren                        |
| <input type="checkbox"/> balans (thuis / werk)                         | <input type="checkbox"/> maatschappelijk betrokken        |
| <input type="checkbox"/> betrokkenheid                                 | <input type="checkbox"/> maatschappelijk verantwoordelijk |

#### BINDMIDDEL VAN DE ORGANISATIE: GEWENSTE SITUATIE

##### 3b. Hoe zou u *willen* dat uw organisatie eruit zag?

Verdeel 100 punten over de vier uitspraken, afhankelijk van hoe graag u **zou willen** dat de uitspraak bij uw organisatie zou passen. Geef veel punten aan de uitspraak die u het liefste zou zien bij uw Ideale organisatie en weinig of geen punten aan die uitspraak die u het minst graag bij uw Ideale organisatie zou zien.

- |                                                                                                                                                                          |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| A. Het bindmiddel dat de organisatie bijeenhoudt, bestaat uit loyaliteit en onderling vertrouwen. Betrokkenheid bij de organisatie staat hoog in het vaandel geschreven. | <input type="text" value="0"/> |
| B. Het bindmiddel dat de organisatie bijeenhoudt, bestaat uit betrokkenheid bij innovatie en ontwikkeling. De nadruk ligt op het streven in de sector voorop te lopen.   | <input type="text" value="0"/> |
| C. Het bindmiddel dat de organisatie bijeenhoudt, bestaat uit de nadruk op prestaties en het bereiken van doelstellingen. Agressiviteit en winnen zijn gangbare thema's. | <input type="text" value="0"/> |
| D. Het bindmiddel dat de organisatie bijeenhoudt, bestaat uit formele regels en beleidsstukken. Instandhouding van een soepel draaiende organisatie is belangrijk.       | <input type="text" value="0"/> |
| <b>Totaal</b>                                                                                                                                                            | <input type="text" value="0"/> |



**STRATEGISCHE ACCENTEN VAN DE ORGANISATIE: HUIDIGE SITUATIE****4a. Welke uitspraken passen het beste bij uw organisatie, zoals deze nu is?**

De volgende uitspraken gaan over de **strategische accenten** van de organisatie. Verdeel **100 punten** over de vier uitspraken, afhankelijk van de mate waarin die uitspraak past bij uw organisatie. Geef veel punten aan de uitspraak die het best bij uw organisatie past en weinig of geen punten aan die uitspraak die het minst past bij uw organisatie. Let erop dat het totaal van de vier vragen uitkomt op 100 punten.

A. De organisatie legt de nadruk op menselijke ontwikkelingen. Een grote mate van vertrouwen, openheid en participatie zijn niet weg te denken.	<input type="text" value="0"/>
B. De organisatie legt de nadruk op het aanboren van nieuwe bronnen en het creëren van nieuwe uitdagingen. Uitproberen van nieuwe dingen en zoeken naar kansen wordt gewaardeerd.	<input type="text" value="0"/>
C. De organisatie legt de nadruk op competitief gedrag en prestaties. Het bereiken van ambitieuze doelstellingen en overwinningen in de markt spelen de hoofdrol.	<input type="text" value="0"/>
D. De organisatie legt de nadruk op behoud van het bestaande en stabiliteit. Efficiëntie, beheersbaarheid en een soepele uitvoering spelen de hoofdrol.	<input type="text" value="0"/>
<b>Totaal</b>	<input type="text" value="0"/>

**STRATEGISCHE ACCENTEN VAN DE ORGANISATIE: GEWENSTE SITUATIE****4b. Hoe zou u willen dat uw organisatie eruitzagt?**

Verdeel 100 punten over de vier uitspraken, afhankelijk van hoe graag u **zou willen** dat de uitspraak bij uw organisatie zou passen. Geef veel punten aan de uitspraak die u het liefste zou zien bij uw ideale organisatie en weinig of geen punten aan die uitspraak die u het minst graag bij uw ideale organisatie zou zien.

A. De organisatie legt de nadruk op menselijke ontwikkelingen. Een grote mate van vertrouwen, openheid en participatie zijn niet weg te denken.	<input type="text" value="0"/>
B. De organisatie legt de nadruk op het aanboren van nieuwe bronnen en het creëren van nieuwe uitdagingen. Uitproberen van nieuwe dingen en zoeken naar kansen wordt gewaardeerd.	<input type="text" value="0"/>
C. De organisatie legt de nadruk op competitief gedrag en prestaties. Het bereiken van ambitieuze doelstellingen en overwinningen in de markt spelen de hoofdrol.	<input type="text" value="0"/>
D. De organisatie legt de nadruk op behoud van het bestaande en stabiliteit. Efficiëntie, beheersbaarheid en een soepele uitvoering spelen de hoofdrol.	<input type="text" value="100"/>
<b>Totaal</b>	<input type="text" value="100"/>

**SUCCESCRITERIA VAN DE ORGANISATIE: HUIDIGE SITUATIE****5a. Welke uitspraken passen het beste bij uw organisatie, zoals deze nu is?**

De volgende uitspraken gaan over de **succescriteria** van de organisatie. Verdeel **100 punten** over de vier uitspraken, afhankelijk van de mate waarin die uitspraak past bij uw organisatie. Geef veel punten aan de uitspraak die het best bij uw organisatie past en weinig of geen punten aan die uitspraak die het minst past bij uw organisatie. Let erop dat het totaal van de vier vragen uitkomt op 100 punten.

A. De organisatie definieert succes op grond van de ontwikkeling van human resources, teamwerk, de betrokkenheid van het personeel en zorg voor de mensen.	<input type="text" value="0"/>
B. De organisatie definieert succes als het kunnen beschikken over zo uniek mogelijke of de nieuwste producten. Ze kan worden beschouwd als innovatief en als toonaangevend wat haar producten betreft.	<input type="text" value="0"/>
C. De organisatie definieert succes als winnen in de markt en de concurrentie de loef afsteken. Concurrerend marktleiderschap staat centraal.	<input type="text" value="0"/>
D. De organisatie definieert succes binnen het kader van de efficiëntie. Betrouwbare levering, soepel verlopende schema's en goedkope productie zijn van cruciaal belang.	<input type="text" value="0"/>
<b>Totaal</b>	<input type="text" value="0"/>

**SUCCESCRITERIA VAN DE ORGANISATIE: GEWENSTE SITUATIE****5b. Hoe zou u willen dat uw organisatie eruitzagt?**

Verdeel 100 punten over de vier uitspraken, afhankelijk van hoe graag u **zou willen** dat de uitspraak bij uw organisatie zou passen. Geef veel punten aan de uitspraak die u het liefste zou zien bij uw ideale organisatie en weinig of geen punten aan die uitspraak die u het minst graag bij uw ideale organisatie zou zien.

A. De organisatie definieert succes op grond van de ontwikkeling van human resources, teamwerk, de betrokkenheid van het personeel en zorg voor de mensen.	<input type="text" value="0"/>
B. De organisatie definieert succes als het kunnen beschikken over zo uniek mogelijke of de nieuwste producten. Ze kan worden beschouwd als innovatief en als toonaangevend wat haar producten betreft.	<input type="text" value="0"/>
C. De organisatie definieert succes als winnen in de markt en de concurrentie de loef afsteken. Concurrerend marktleiderschap staat centraal.	<input type="text" value="0"/>
D. De organisatie definieert succes binnen het kader van de efficiëntie. Betrouwbare levering, soepel verlopende schema's en goedkope productie zijn van cruciaal belang.	<input type="text" value="0"/>
<b>Totaal</b>	<input type="text" value="0"/>



**PERSONEELSMANAGEMENT VAN DE ORGANISATIE: HUIDIGE SITUATIE****6a. Welke uitspraken passen het beste bij uw organisatie, zoals deze nu is?**

De volgende uitspraken gaan over het **personeelsmanagement** van de organisatie. Verdeel **100 punten** over de vier uitspraken, afhankelijk van de mate waarin die uitspraak past bij uw organisatie. Geef veel punten aan de uitspraak die het best bij uw organisatie past en weinig of geen punten aan die uitspraak die het minst past bij uw organisatie. Let erop dat het totaal van de vier vragen uitkomt op 100 punten.

A. De managementstijl van de organisatie wordt gekenmerkt door teamwerk, consensus en participatie.	<input type="text" value="0"/>
B. De managementstijl van de organisatie wordt gekenmerkt door persoonlijke risicobereidheid, vernieuwing, vrijheid en uniekheid.	<input type="text" value="0"/>
C. De managementstijl van de organisatie wordt gekenmerkt door competitie, hoge eisen en prestatiegerichtheid.	<input type="text" value="0"/>
D. De managementstijl van de organisatie wordt gekenmerkt door zekerheid omtrent de baan, de voorschriften, voorspelbaarheid en stabiele verhoudingen.	<input type="text" value="0"/>
<b>Totaal</b>	<input type="text" value="0"/>

**PERSONEELSMANAGEMENT VAN DE ORGANISATIE: GEWENSTE SITUATIE****6b. Hoe zou u willen dat uw organisatie eruitzag?**

Verdeel 100 punten over de vier uitspraken, afhankelijk van hoe graag u **zou willen** dat de uitspraak bij uw organisatie zou passen. Geef veel punten aan de uitspraak die u het liefste zou zien bij uw ideale organisatie en weinig of geen punten aan die uitspraak die u het minst graag bij uw ideale organisatie zou zien.

A. De managementstijl van de organisatie wordt gekenmerkt door teamwerk, consensus en participatie.	<input type="text" value="0"/>
B. De managementstijl van de organisatie wordt gekenmerkt door persoonlijke risicobereidheid, vernieuwing, vrijheid en uniekheid.	<input type="text" value="0"/>
C. De managementstijl van de organisatie wordt gekenmerkt door competitie, hoge eisen en prestatiegerichtheid.	<input type="text" value="0"/>
D. De managementstijl van de organisatie wordt gekenmerkt door zekerheid omtrent de baan, de voorschriften, voorspelbaarheid en stabiele verhoudingen.	<input type="text" value="0"/>
<b>Totaal</b>	<input type="text" value="0"/>

**TOELICHTING GEWENSTE SITUATIE**

Hieronder kunt u eventueel een toelichting geven over hoe u de toekomst van de organisatie graag zou willen zien, en/of hoe u de toekomst van de ouderenzorg in het algemeen graag zou willen zien.

## APPENDIX D: List of acronyms used

ART:	Antiretroviral Therapy
AWBZ:	Algemene Wet Bijzondere Ziektekosten (General Exceptional Medical Expenses Act)
Blantyre CHC:	Catholic Health Commission of the Archdiocese of Blantyre
CBO/FBO:	Community-based Organisation or Faith-based Organisation. In this study, both terms will be used synonymously for those community-based groups of individuals that are engaged in planned collective action in order to deal with special problems within their local community.
CHBC:	Community Home-based Care
EU:	European Union
GDP:	Gross Domestic Product
HIV/AIDS:	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
MAL visit:	Exchange visit in Malawi, which was part of the Malawi-Netherlands exchange
MT:	Management Team
NGO:	Non-governmental organisation
NL visit:	Exchange visit in the Netherlands, which was part of the Malawi-Netherlands exchange
OADI-SMM:	Observe, Assess, Design, Implement – Shared Mental Models
OCAI:	Organisational Culture Assessment Instrument
PBF:	Performance Based Financing
RQ:	Research Question
SZMK:	Stichting Zorgcombinatie Marga Klompé
UOA:	Unit of Analysis
U.S.:	United States
USD:	United States dollar
WHO:	World Health Organisation
WMO:	Wet Maatschappelijke Ondersteuning (Social Support Act)



## Academic summary

### Problem statement

Healthcare systems around the world face significant challenges as they attempt to respond to the needs of an ageing population (Haseltine, 2018). Organising good, humane elderly care and long-term care is one of the most important healthcare challenges of the current time and will become ever more pressing in the future. The challenges associated with an ageing population are already prominent in high income countries, such as those in the EU, but they are also expected to become more prominent in middle and low-income countries. For example, the number of older persons in Africa is expected to grow as much as 64% over the next 15 years (United Nations, 2015). With increasing age, the need for care increases. The context of ageing calls for innovative solutions to adapt current ways of organising and delivering care, and requires an environment that enables and allows for such changes in care to take place. The importance of the role of (elderly) care organisations and care professionals in society, and the need to be able to respond to quickly changing situations and demands has recently been highlighted, as the COVID-19 pandemic is unfolding.

In this study I explored the effect of international exchange between care organisations as a means to stimulate change within these organisations. A variety of individual benefits resulting from educational travels of students and international work visits and placements of professionals are reported in the academic literature, in terms of skills development on a personal and a professional level. These include individual developments such as an increase in flexibility, independence and self-awareness (e.g. Van 't Klooster, 2014). However, hardly any literature mentions effects on an organisational level, or attempts to explain such effects.

This study was set up to explore and explain organisational change through exchange in the elderly and community-based care sector for the first time. With this study, I aimed to fill the gaps in knowledge regarding the possibilities of employing international exchange to stimulate organisational change in the care sector, where adaptability and innovation is currently much needed. Firstly, by adding to the current body of knowledge by providing a theoretical framework for understanding the influence of international exchange as a potential initiator of change on both an individual and an organisational level. Secondly, by showing how the process of change through exchange functions. Thirdly, by showing other organisations, both within and outside the care sector, the possibilities for organisational change that international exchange can offer.

### Theoretical framework

Literature on international exchange reveals a number of knowledge gaps when it comes to understanding effects of international exchanges. Firstly, only very few studies use theoretical frameworks to understand why and how international exchange leads to

development on an individual level. The studies that do use a theoretical basis only focus on individual development of social or cultural competencies. Secondly, hardly any studies specifically look at or attempt to explain organisational level effects of international exchange. Thirdly, although the found studies discuss international exchange, they only look at effects of going abroad. Virtually no studies were found that look at experiences and effects of hosting visitors in the own context. Only in international social worker exchanges there seems to be a principle of equality, and indeed the expectation of mutual learning (e.g. Meyer, 2015). Finally, no previous literature on international exchanges in the community-based or facility-based (elderly) care sector was found. Since there are hardly any publications on organisational exchanges and their effects on an organisational level, I have identified useful elements from literature on organisational change, organisational culture change, “organisational learning” or “the learning organisation”, and policy change, in order to complement the findings from the international exchange effects literature. This resulted in the construction of a theoretical framework that aims to explain changed ways of thinking and/or acting resulting from international exchange, by proposing that an exchange can be seen as an intervention that creates a policy window, such as proposed by Kingdon (1984), which causes a process of individual and organisational learning through Shared Mental Models, such as proposed by Kim (1993).

My theoretical framework proposes that an international exchange creates conditions that put a process of change in motion, which can result in individual and organisational change. The international exchange creates an opportunity, or policy window, for people from one organisational culture, with its own set of shared values and practices, to experience another (organisational) culture. The confrontation with a different (organisational) culture can trigger a process of change, which includes reflection, increased self-awareness, and increased creativity or out-of-the-box thinking. The visiting exchange participants’ *own* context plays a role in determining their frame of reference going into the exchange, thereby influencing which foreign aspects will be noticed as being different from what is known. The visiting participants’ own context will also continue to play a role in determining the possibilities for individual, and especially organisational change to take place as a result of the exchange.

In this study I use the concepts of Individual and Shared Mental Models (Kim, 1993) to describe individual and collective change outcomes. In this way, both changes in ways of thinking *and* ways of acting are included, in both individuals *and* groups. Notions of the problem, policy and political streams from Kingdon (1984) are used to uncover the existing ideas within an organisation and its wider national context, and under which conditions these ideas can translate into organisational change. The concepts of Individual and Shared Mental Models (Kim, 1993) are also employed to describe participants’ own organisational cultural context. These refer to the individual and collective opinions, attitudes and practices that can be found within participants’

own organisation, which influence the participants' and the organisation's ability and willingness to change. Particularly, *discrepancies* between the current and the desired organisational culture can pave the way for changes to take place that are more in line with the desired organisational culture, or indeed hamper change when it is not in line with the desired culture. Finally, Kim's (1993) theory of experiential learning through Shared Mental Models is used to understand the steps involved in the process of change resulting from international exchange.

### Research questions

The main aim of the research is to gain an in-depth understanding of how and why international exchange between two care organisations can lead to individual and organisational change. In order to achieve this aim, I set the following main research question:

*How and why does international exchange between two care organisations lead to individual and organisational change?*

In this study, I divided this main question into three research questions, relating to the outcomes and conditions of the exchange, and the process of change as a result of the exchange. My first research question focused on the *outcomes* of exchange: *What are the individual and organisational changes resulting from international exchange?* (RQ 1). My second research question focused on the conditions facilitating or determining these changes: *What are the conditions that facilitate individual and organisational changes resulting from international exchange, and to what extent can Kingdon's multiple streams model help explain the relation between the conditions and subsequent changes?* (RQ 2). I distinguish four types of conditions that can influence change as a result of international exchange, namely the *foreign context* (RQ 2a), the *exchange conditions* (RQ 2b), *one's own organisational context* (RQ 2c) and *one's own national context* (RQ 2d). The third research question concerns the process of change as a result of exchange: *What does the process of individual and organisational change resulting from international exchange look like, and to what extent can Kim's OADI-SMM model help in understanding this process?* (RQ 3).

### Research design and methods

#### Multiple-case study

In order to answer the research questions, I chose to conduct a multiple-case study on international exchange between care organisations. The case study has been an essential form of research in the social sciences, and has been used extensively in research within organisations (Barrett & Walsham, 2004). Corresponding with the aims of my study, a case study aims to explain a complex phenomenon which is heavily dependent on context, uses "why" and "how" research questions, and concerns

complex, real-life, social processes that are uncontrollable by the researcher (Yin, 1994). The case study investigates a current, real-life phenomenon, in-depth and within its context, allowing the researcher to understand the problem, the nature and complexity of the process taking place (Yin, 1994). The context is part of the investigation, as the contextual conditions may be very relevant to the phenomenon under study (Ridder, 2017; Yin, 1994). Case studies are believed to provide the best understanding of phenomena regarding concrete context-dependent knowledge (Bhattacharjee, 2012). It is particularly appropriate for studying complex organisational processes that involve multiple participants and interacting sequences of events, such as organisational change (Bhattacharjee, 2012). The case study method allows for a phenomenon of interest to be studied from the perspective of multiple participants, using multiple levels of analysis, such as individual and organisational levels (Bhattacharjee, 2012). Case studies can be based on any mix of quantitative and qualitative evidence (including incorporating either completely quantitative or qualitative methods), giving the case study a unique ability to deal with a variety of evidence (Yin, 1994).

This study uses a multiple-case design, as the change processes in two involved organisations will be studied: namely the changes within the elderly care organisation *Stichting Zorgcombinatie Marga Klompé (SZMK)* in the Netherlands, and the Catholic Health Commission of the Archdiocese Blantyre (*Blantyre CHC*) in Malawi. SZMK constitutes two separate cases: the first relating to changes within SZMK as a result of previous international work visits to Denmark and the United States, and the second to changes within SZMK as a result of the Malawi-Netherlands exchange, which was to be set up as a part of this study. The changes that occurred as a result of the exchange between Blantyre CHC and SZMK (the Malawi-Netherlands exchange) forms the third, and final, case in my multiple-case study.

### **Triangulation of data**

I used several methods, including qualitative and quantitative methods, with the aim to triangulate data. The triangulation of data is common in case study research, and allows for detailed case descriptions (Ridder, 2017). I also employ multiple units of analysis, which are highly interrelated. Indeed, according to Yin (1994), the same case study may involve more than one unit of analysis. Changes within each case (i.e. each of the organisations) were mainly studied at the individual level and the group level (i.e. at the level of the individual exchange participant or group of exchange participants). However, actual *and* potential changes on a higher level, such as an organisation's subdivision or locality, or even at the level of the organisational as a whole, were also part of the analysis.

### **Desk research, interviews and participant observation**

The first part of my study included desk research on the involved organisations and their context, and a round of interviews with previous participants of international work visits

organised by SZMK. This first, more exploratory, case study played an important part in establishing the topic and approach of the study as a whole. In combination with a literature study, the main research question and theoretical framework was determined. The interviews on SZMK's previous international work visits also greatly determined the content and organisation of the Malawi-Netherlands exchange. During the Malawi-Netherlands exchange itself, participant observation was carried out and interviews with Malawian exchange participants were held, with the purpose to determine what type of individual or organisational level changes took place as a result of the exchange, and to examine the process and conditions under which these occurred.

### Survey

Before the Malawi-Netherlands exchange, a survey on personal and organisational values and culture was sent out to all care and managing personnel at SZMK, including the exchange participants for the Malawi-Netherlands exchange, in order to assess the organisational context and conditions of the exchange. The results were discussed in a focus group discussion with the SZMK exchange participants. Immediately after the exchange, the same survey which was held among the SZMK employees before the exchange was filled in by the Malawian participants, with the purpose to help determine differences and similarities between the Malawian and the Dutch exchange participants and their organisations. One year after the exchange, the same survey was again held under the Dutch participants in order to serve as a basis for follow-up interviews. These retrospective follow-up interviews were intended to assess long-term individual and organisational change as a result of the exchange, as well as the process and conditions under which these changes took place.

### Results

#### **Individual and organisational changes as a result of international exchange**

In line with literature on international exchange effects, this study found many examples of *individual development* occurring as a result of international exchange, such as increases in self-awareness, self-efficacy, perseverance, a broader perspective and an increased openness to new experiences, people and ideas. Furthermore, some participants experienced an increase in creative, or out-of-the-box thinking. These examples show how individuals became stronger, more skilful, more confident and more independent, also in relation to their profession. They therefore grew as professionals within their organisation, strengthening the capacity of the organisation. It also increased the chance of these individuals exerting influence on ways of thinking and acting within the organisation. When it comes to *organisational development*, this study showed that international exchange can be seen and used as a tool to develop policy. Especially the case study of international work visits undertaken by teams of SZMK managers to Denmark and the United States showed that international exchange can result in considerable organisational changes. The organisation-wide implementation of

new practices and ideas, most notably the small-scale care approach witnessed during the work visits in Denmark, and other smaller scale initiatives show that lasting change in terms of both organisational functioning (*routines*) and ways of thinking (*frameworks*) was accomplished as a direct result of international exchange.

### **Contextual conditions for change**

Different contextual conditions involved in starting a process of change were identified. Firstly, certain changes in individuals, teams, and on an organisational level, were traced back to specific, contrasting, aspects of the *foreign context*. These foreign aspects triggering change were all related to the participants' profession, involving care approaches and care practices, forming negative or positive examples in the eyes of the participants. At the same time, important similarities were identified between teams of exchange participants. The recognisability and warm regard of the foreign participants and their context, created a conducive environment for learning to take place. The positive and negative examples that eventually led to change clearly related to problems that were already identified in one's *own context*. The participants' own organisational context, particularly its willingness and ability to change, also greatly determined the possibility for change to be able to occur as a result of exchange.

### **Exchange conditions facilitating change**

Being able to *actively experience* the foreign context, including having opportunities to interact with people within the foreign context, was found to be crucial in starting a process of change. Recognising similarities in foreign peers, such as knowledge, goals and motivation, as well as recognising elements of the work that were similar, created a feeling of sharedness and can be viewed as forming a bridge between representatives of different ways of thinking and working, making it possible for mutual learning to take place. The setting of the exchange positively influenced participants' internal motivation to be actively involved, as they experienced a supportive and stimulating *within-group dynamic*, and experienced feelings of responsibility and reciprocation towards the other group (*cross-team dynamic*). A conducive *cross-team dynamic* was influenced, reinforced and developed through undertaking mutual efforts, exchanging gifts, showing interest, using humour, sharing a 'medical language', and jointly coming up with solutions to specific client problems encountered during field visits. Influential elements of the *within-team dynamic* were found to be the teams' composition (e.g. diversity has a positive influence), within-team support, teamwork, leadership, and whether the team has an objective for the exchange (such as individual or organisational development). This motivating setting formed an especially conducive environment for change to take place, as it was experienced as very "safe" compared to more common educational environments that are more interlaced with the own organisational setting. The study finally showed that an organisational exchange can also create a conducive *organisational dynamic*, for example when colleagues and clients are involved through communication and activities surrounding the foreign and hosting visit

## Conclusion

This study showed how international interorganisational exchange can create strongly facilitative conditions for *Individual* and *Shared Mental Model development*. When groups or teams of professionals participate in the exchange, the between-group and within-group dynamic can greatly add to the potential for learning and organisational change. The *within-team* dynamic can provide internal motivation and a safe, supportive environment to engage in activities outside one's normal day-to-day routine and comfort zone, thereby increasing individuals' *ability to change*. The composition, degree of effectiveness in teamwork, leadership, and whether an objective was set for the exchange, determines the team's ability to collectively come to a clear problem definition and/or policy suggestion or formulation.

The organisational dynamic within one's *own organisational context* determines the likelihood of organisational change to occur as a result of the exchange. Using the notions from Kingdon's multiple streams framework, the likelihood of Individual and Shared Mental Model development resulting from the exchange, leading to Shared Mental Model development on an organisational level, can be more effectively assessed. These streams determine the degree of openness to new ideas and closeness to existing notions of problems and solutions that exist in the organisation.

Due to the *experiential learning* taking place as a result of exchange, participants can become (better) *policy entrepreneurs*, who can identify points for improvement (*problem stream*) and come up with novel solutions and alternatives (*policy stream*) on the basis of what they have seen and learned from the exchange experience, but also due to the personal growth they experience as a result of the exchange, making them more capable to take initiative. The dynamics within an organisation (*political stream*) can also shift due to the joint experience of hosting or other type of involvement in the foreign experience of co-workers, increasing the opportunity for a *policy window* to form.

## Theoretical contribution

With this study I have added to the existing body of knowledge by establishing that current and desired Individual and Shared Mental Models as input variables and Individual and Shared Mental Model development as outcome variables are useful concepts in understanding what happens as a result of international exchange. Furthermore, I have demonstrated the applicability of the experiential learning model to describe and analyse team learning as well as individual learning. In the case of foreign elements prompting change ("culture shock") I have demonstrated the necessity of conceptually adding the stage of comparison between the observation and assessment stage.



This study also fills a problematic gap in Kim's (1993) theory, concerning the transfer of changed Individual Mental Models to Shared Mental Models on an organisational level, as well as concerning the important role of groups or teams within organisations. The addition of Kingdon's (1984) concept of *policy entrepreneur* in Kim's model can be considered an important step in theory development, which was the aim of this study. The study proved the usefulness of the concept of policy entrepreneur, both in better understanding outcomes of the exchange, as well as explaining why some Mental Model developments resulting from international exchange influence an organisation, and why others do not. Kingdon's theory of multiple streams also helped to uncover important dynamics within the organisation influencing the possibilities for change. Dynamics, which in turn, may be influenced by the exchange itself, through the active or passive involvement of other actors besides the participants. Conceptualising the dynamics in terms of multiple streams within the organisation helped in placing the outcomes of exchange in the right perspective.

This study introduces new elements influencing change as a result of exchange, particularly the effect of the interaction between (teams of) participants, and the effect of hosting. Firstly, both the within-team dynamic and the cross-team dynamic have been found to be important determinants of change, which can be largely influenced by those organising the exchange. The within-team dynamic may be used to increase the effectiveness of Mental Model development related to the exchange, and may even actively be used as a team-building tool. Secondly, an important element related to effective outcomes of exchange this study showed, was the change potential created by making the selected participants responsible for organising and participating in the hosting visit.

### Practical relevance

This study offers a starting point for organisations to facilitate the process and increase the ability of organisations to change, through inter-organisational exchange. An international exchange by no means provides a step-by-step change process towards a predetermined desired end-state. However, organisational change in a current, real-life setting, with all its complexities and interdependencies, is by definition a process that is difficult to control and predict. However, this study shows that the choice of partner-organisation, participants, goal, as well as the degree of involvement of higher management in the process, can influence the direction of change. Unlike more commonly used educational training sessions, an international organisational exchange provides its participants with real-life experiences, examples, (role) models, and practice, stimulating their internal motivation to change and affect organisational change.

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## Tilburg Dissertations in Culture Studies

This list includes the doctoral dissertations that through their authors and/or supervisors are related to the Department of Culture Studies at the Tilburg University School of Humanities and Digital Sciences. The dissertations cover the broad field of contemporary sociocultural change in domains such as language and communication, performing arts, social and spiritual ritualization, media and politics.

- Sander Bax. *De taak van de schrijver. Het poëtische debat in de Nederlandse literatuur (1968-1985)*. Supervisors: Jaap Goedegebuure and Odile Heynders, 23 May 2007.
- Tamara van Schilt-Mol. *Differential item functioning en itembias in de cito-eindtoets basisonderwijs. Oorzaken van onbedoelde moeilijkheden in toetsopgaven voor leerlingen van Turkse en Marokkaanse afkomst*. Supervisors: Ton Vallen and Henny Uiterwijk, 20 June 2007.
- Mustafa Güleç. *Differences in similarities: A comparative study on Turkish language achievement and proficiency in a Dutch migration context*. Supervisors: Guus Extra and Kutlay Yağmur, 25 June 2007.
- Massimiliano Spotti. *Developing identities: Identity construction in multicultural primary classrooms in The Netherlands and Flanders*. Supervisors: Sjaak Kroon and Guus Extra, 23 November 2007.
- A. Seza Doğruöz. *Synchronic variation and diachronic change in Dutch Turkish: A corpus based analysis*. Supervisors: Guus Extra and Ad Backus, 12 December 2007.
- Daan van Bel. *Het verklaren van leesgedrag met een impliciete attitudemeting*. Supervisors: Hugo Verdaasdonk, Helma van Lierop and Mia Stokmans, 28 March 2008.
- Sharda Roelsma-Somer. *De kwaliteit van Hindoescholen*. Supervisors: Ruben Gowricharn and Sjaak Braster, 17 September 2008.
- Yonas Mesfun Asfaha. *Literacy acquisition in multilingual Eritrea: A comparative study of reading across languages and scripts*. Supervisors: Sjaak Kroon and Jeanne Kurvers, 4 November 2009.
- Dong Jie. *The making of migrant identities in Beijing: Scale, discourse, and diversity*. Supervisors: Jan Blommaert and Sjaak Kroon, 4 November 2009.
- Elma Nap-Kolhoff. *Second language acquisition in early childhood: A longitudinal multiple case study of Turkish-Dutch children*. Supervisors: Guus Extra and Kutlay Yağmur, 12 May 2010.
- Maria Mos. *Complex lexical items*. Supervisors: Antal van den Bosch, Ad Backus and Anne Vermeer, 12 May 2010.
- António da Graça. *Etnische zelforganisaties in het integratieproces. Een case study in de Kaapverdise gemeenschap in Rotterdam*. Supervisor: Ruben Gowricharn, 8 October 2010.
- Kasper Juffermans. *Local languaging: Literacy products and practices in Gambian society*. Supervisors: Jan Blommaert and Sjaak Kroon, 13 October 2010.
- Marja van Knippenberg. *Nederlands in het Middelbaar Beroepsonderwijs. Een casestudy in de opleiding Helpende Zorg*. Supervisors: Sjaak Kroon, Ton Vallen and Jeanne Kurvers, 14 December 2010.
- Coosje van der Pol. *Prentenboeken lezen als literatuur. Een structuralistische benadering van het concept 'literaire competentie' voor kleuters*. Supervisor: Helma van Lierop, 17 December 2010.
- Nadia Eversteijn-Kluijtmans. *"All at once" – Language choice and codeswitching by Turkish-Dutch teenagers*. Supervisors: Guus Extra and Ad Backus, 14 January 2011.

- Mohammadi Laghzaoui. *Emergent academic language at home and at school: A longitudinal study of 3- to 6-year-old Moroccan Berber children in the Netherlands*. Supervisors: Sjaak Kroon, Ton Vallen, Abderrahman El Aissati and Jeanne Kurvers, 9 September 2011.
- Sinan Çankaya. *Buiten veiliger dan binnen. In- en uitsluiting van etnische minderheden binnen de politieorganisatie*. Supervisors: Ruben Gowricharn and Frank Bovenkerk, 24 October 2011.
- Femke Nijland. *Mirroring interaction: An exploratory study into student interaction in independent working*. Supervisors: Sjaak Kroon, Sanneke Bolhuis, Piet-Hein van de Ven and Olav Severijnen, 20 December 2011.
- Youssef Boutachekourt. *Exploring cultural diversity. Concurrentievoordelen uit multiculturele strategieën*. Supervisors: Ruben Gowricharn and Slawek Magala, 14 March 2012.
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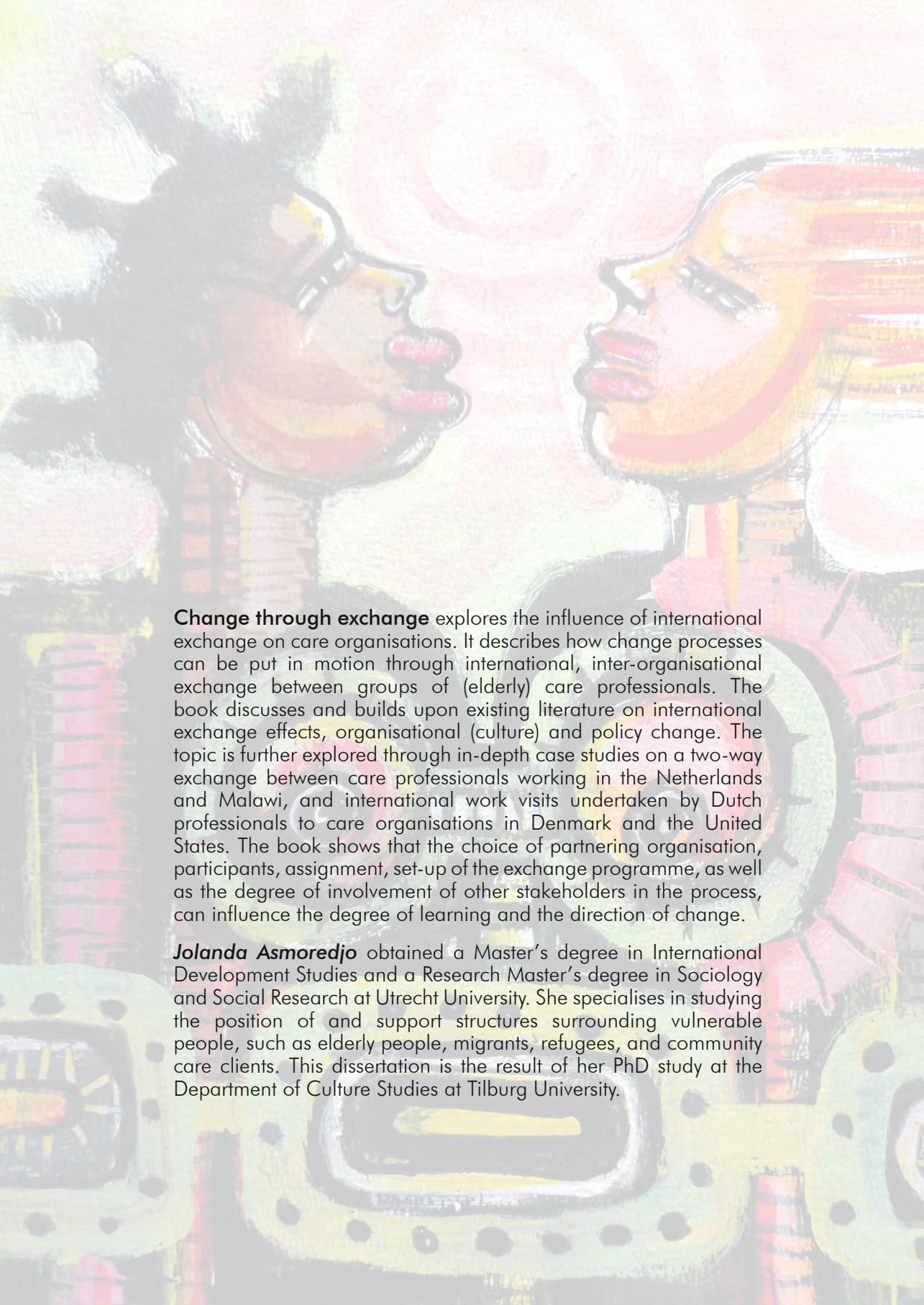
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- Jolanda Asmoredjo. *Change through exchange. Exploring the role of international exchange in organisational development of care organisations*. Supervisors: Mirjam van Reisen and Sjaak Kroon, 22 December 2020.







**Change through exchange** explores the influence of international exchange on care organisations. It describes how change processes can be put in motion through international, inter-organisational exchange between groups of (elderly) care professionals. The book discusses and builds upon existing literature on international exchange effects, organisational (culture) and policy change. The topic is further explored through in-depth case studies on a two-way exchange between care professionals working in the Netherlands and Malawi, and international work visits undertaken by Dutch professionals to care organisations in Denmark and the United States. The book shows that the choice of partnering organisation, participants, assignment, set-up of the exchange programme, as well as the degree of involvement of other stakeholders in the process, can influence the degree of learning and the direction of change.

**Jolanda Asmoredjo** obtained a Master's degree in International Development Studies and a Research Master's degree in Sociology and Social Research at Utrecht University. She specialises in studying the position of and support structures surrounding vulnerable people, such as elderly people, migrants, refugees, and community care clients. This dissertation is the result of her PhD study at the Department of Culture Studies at Tilburg University.